

CITGO Fleet COMMERCIAL CREDIT CARD APPLICATION

P.O. Box 923928, Norcross, GA 30010-3928 FAX: 866/512-3076

Please retain original application if transmitted to CITGO by FAX.

Complete application in full.



BILLING TYPE: Standard - No Fee Enhanced - \$0 - \$5 per month (See schedule below)

INTERNAL USE ONLY	
APP NO. _____	
AC NO. _____	
BILLING GROUP _____	
PROMO 1 _____	PROMO 2 _____
SIC _____	EMP _____
REP _____	MKT _____

CREDIT CARD APPLICATION (Please Type or Print Clearly)		
BUSINESS NAME		
PREFERRED BUSINESS NAME, TRADING NAME OR DBA NAME TO APPEAR ON CREDIT CARD		
STREET ADDRESS (PLEASE PROVIDE FULL STREET ADDRESS INCLUDING ZIP IF DIFFERENT THAN MAILING ADDRESS)		
MAILING ADDRESS		
CITY/TOWN STATE	STATE	ZIP CODE

Please contact me about access to the CITGO Fleet Online website.

Yes (E-mail address required below)

Receive Electronic Statements

BUSINESS AREA CODE & PHONE NO. ()		ALTERNATE PHONE IF FIRST IS A RECORDER OR ANSWERING SERVICE ()		FAX NO. ()	
YEARS IN BUSINESS UNDER PRESENT OWNERSHIP	COMPANY ANNUAL SALES VOLUME \$	NO. OF EMPLOYEES EXCLUDING OWNER	TYPE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PRIVATE CORP. <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PUBLIC CORP.		<input type="checkbox"/> TAX EXEMPT *REQUIRES EXEMPTION CERTIFICATE
NATURE OF BUSINESS SERVICES		COMPANY WEB SITE ADDRESS			
SPECIFY IF ABOVE COMPANY IS: <input type="checkbox"/> FRANCHISE <input type="checkbox"/> DIVISION <input type="checkbox"/> BRANCH <input type="checkbox"/> SUBSIDIARY		LIST NAME AND LOCATION OF HEADQUARTERS AND/OR PARENT FIRM			
PRIMARY CONTACT'S NAME		POSITION/TITLE	AREA CODE & TELEPHONE ()	E-MAIL ADDRESS (Required for website access)	
SECONDARY CONTACT'S NAME		POSITION/TITLE	AREA CODE & TELEPHONE ()	E-MAIL ADDRESS	
NAME AND RESIDENCE ADDRESS OF OWNER, PARTNERS OR OFFICERS (Also Include Personal CITGO Account, if any)					
NAME 1		2		3	
RESIDENCE ADDRESS					
CITY/STATE					
SOCIAL SECURITY NO.					
CITGO CARDS (IF YOU HAVE/HAD PLEASE LIST ACCOUNT NUMBERS)					

BANK REFERENCE						
NAME OF BANK	ADDRESS	CHECKING ACCOUNT NUMBER				
NAME OF BANK OFFICER FAMILIAR WITH BUSINESS	AREA CODE & TELEPHONE ()	FAX NO. ()				
BUSINESS CREDIT REFERENCES						
NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	AREA CODE & TELEPHONE ()	ACCOUNT NUMBER
NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	AREA CODE & TELEPHONE ()	ACCOUNT NUMBER
FUEL SUPPLIER NOW SELLING TO YOU ON CREDIT						
NAME	ACCOUNT NUMBER		AREA CODE & TELEPHONE ()			

MAXIMUM AMOUNT OF MONTHLY CREDIT REQUESTED FOR THIS ACCOUNT MUST BE COMPLETED TO PROCESS APPLICATION	\$ /MO.	NO. OF CARDS REQUESTED	ENHANCED FLEET SERVICE CHARGES up to \$10,000 = \$5 \$10,001 and over = \$0 FEE WILL BE BASED ON ACTUAL MONTHLY BILLING VOLUMES
IF CREDIT CARD IS TO BE RETAINED BY CITGO STATION (STATION CONTROL CARD) PLEASE COMPLETE BELOW.			
*NOTE: Some CITGO retailers do not participate in the station control card program.			
NAME AND COMPLETE MAILING ADDRESS OF CITGO STATION WHERE CREDIT CARD WILL BE RETAINED.		CITGO STATION LOCATION NUMBER (FROM IMPRINTER SLUG)	

I CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION FOR CREDIT ON BEHALF OF THIS COMPANY

SIGNATURE _____ DATE _____ NAME (PLEASE PRINT OR TYPE) _____ TITLE _____

In accepting the card(s) by signing, use or permitting use by others, the abovesigned agrees to Terms and Conditions as contained on and in the folder in which abovesigned receives the card(s), and accordingly, to pay CITGO Petroleum Corporation for purchases made and credit extended with the use of the card(s). It is understood such Terms and Conditions provide, among other things, that late fees not in excess of those permitted by law will be charged.

The abovesigned authorizes CITGO Petroleum Corporation to obtain a credit report on applicant, contact references and provide a copy of this application to those references as deemed necessary by CITGO. Owner(s) of Privately held Corporations and Limited Liability Companies authorize CITGO to investigate the Credit record of owner(s) in determination of a credit decision.



DRIVER REQUEST FORM

INSTRUCTIONS: Email to citgocs@fleetcor.com or fax to 866-222-9935. If you have any questions, contact Customer Service at 800-561-4991.

CALL FOR INTERNET ACCESS TO YOUR ACCOUNT (800) 561-4991

Account #: _____

Company Name: _____ Email Address: _____

Fleet Contact: _____

Contact's Phone: _____ Authorized Signature: _____ Date: _____

ACTION (Please Pick One)	DRIVER ID (4 digits only)	DRIVER NAME (Last, First is preferred for sorting)	DRIVER SHORT NAME (8 digits only - to appear on statement)
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
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<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
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<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
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<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____

Please send an updated card file listing with this request



CARD REQUEST FORM

INSTRUCTIONS: Email to citgocs@fleetcor.com or fax to 866-222-9935. If you have any questions, contact Customer Service at 800-561-4991.
CALL FOR INTERNET ACCESS TO YOUR ACCOUNT (800) 561-4991

Account #: _____
Company Name: _____ Email Address: _____
Fleet Contact: _____
Contact's Phone: _____ Authorized Signature: _____ Date: _____

<input type="checkbox"/> ADD/NEW <input type="checkbox"/> CANCEL <input type="checkbox"/> REPLACE (Lost/Stolen)		WEEKLY REPORTING & DENIAL LIMITS <small>Report: transaction will be reported if over this limit Deny: transaction will be denied if over this limit</small>	
Card Type: O - New Standard Card; V - New Vehicle Card; D - New Driver Card; I - New In Store Card (requires location number)			
CARD TYPE _____	Current Card's Last 4 Digits: _____	Cost Center: _____	
Card Description (19-digits): _____	FUEL TYPES ALLOWED		
Auth Days of Week : Mon - Fri _____ Mon - Sat _____ All Days _____ Report Violations _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Unleaded <input type="checkbox"/> Mid Grade <input type="checkbox"/> Premium		
Start Time (HHMM) _____ End Time (HHMM) _____ Deny Violations _____			
Instore Card Location # _____			
No Prompting _____ Driver ID _____ Odometer _____ Driver ID, Cust Ref # _____	Driver ID, Odometer _____	Driver ID, Odo, Cust Ref _____	
Maximum # of Transactions Allowed per Day: _____	Maximum Fill-Up (Tank Size) Gallons Allowed: _____		
	REPORT	DENY	
TOTAL WEEKLY GALLONS			
TOTAL DAILY GALLONS			
WEEKLY AUTO SERVS (\$)			
WEEKLY AUTO MERCH (\$)			
WEEKLY MISC. MERCH (\$)			

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TOTAL DAILY GALLONS			
WEEKLY AUTO SERVS (\$)			
WEEKLY AUTO MERCH (\$)			
WEEKLY MISC. MERCH (\$)			

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TOTAL WEEKLY GALLONS			
TOTAL DAILY GALLONS			
WEEKLY AUTO SERVS (\$)			
WEEKLY AUTO MERCH (\$)			
WEEKLY MISC. MERCH (\$)			

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