

## FUEL CARD APPLICATION

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### APPLICANT COMPANY INFORMATION Owner First Name \_\_\_\_\_ Owner Last Name \_\_\_\_\_ Applicant Company Name \_\_\_\_\_\_ Business Phone \_\_\_\_\_ Mailing Address Fax \_\_\_\_\_ \_\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_ Entity ID \_\_\_\_\_ Parent Company, If Any \_\_\_\_\_ Company Type ("C" Corp ("S" Corp State of Incorporation Fed Tax ID Current FedEx Contractor Yes No In Business Since # of Years with FedEx # of Employees Terminal Code Weekly Settlement Amount (est) # of Units in Fleet Avg. Miles/Week OWNERSHIP/PRINCIPALS US Citizen (USC), Lawful Permanent Date Of Residence Owner Name Residence Address with Zip Code Resident (LPR), or Phone Birth Ownership Neither (N) **BANK/CREDIT REFERENCES** Bank Name Contact Phone Address State \_\_\_\_\_ Zip Code Phone Other Credit Reference Name Contact Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code **QUESTIONS** Please answer the following with regard to the Application Company: YES NO YES NO

2. Has the Applicant and/or any one or more of its Affiliates ever filed for bankruptcy protection?

proposed for debarment, declared ineligble, or voluntarily excluded from participation in this transaction by any

1. Is the Applicant presently suspended, debarred,

3. Is the Applicant and/or any one or more of its Affiliates presently involved in pending legal action?

4. Are your business taxes current?

Federal department or agency?

5. If no, is the debt on an IRS-approved payment plan? If yes, please provide a copy of the plan.

6. Has your business ever settled a debt for less than the full balance owed? (If yes, please provide an explanation, including original amount, amount owed, and settlement amount.)

7. Is your FedEx contract currently under a Letter of Assurance, an Opportunity to Cure, Termination Review or Termination Approval with FedEx? Or has your FedEx

contract been under review for termination within the last 12 months?



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Please answer the following with regard to the owners listed in the Ownership section of this application:

Flease aliswel the following with rega	i u to ti	ie owne	rs listed in the Ownership section of this application:		
	YES	NO		YES	NO
Is ANY owner presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?			4. Has ANY owner or ANY business controlled by ANY owner ever filed for bankruptcy protection?		
(If "Yes," please describe.) Initial here to confirm your response to question 1			5. Is ANY owner or ANY business controlled by ANY owner presently involved in any legal action (including divorce)?		
2. Has ANY owner been arrested in the last 6 month for any criminal offense? (If "yes," please describe.)			6. Are the personal taxes of ALL owners current?		
Initial here to confirm your response to question 2			7. If no, is the debt on an IRS-approved payment plan? If yes, please provide a copy of the plan.		
3. Is ANY owner suspended, debarred, proposed for debarment declared ineligble, or voluntarily excluded from participation in this transaction by any Federal department or agency?			8. Has ANY owner ever settled a debt for less than the full balance owed? (If yes, please provide an explanation, including original amount, amount owed, and settlement amount.)		
If the answer to any of the question	s abov	e is "YES"	", plese provide an explanation in the space below:		
	AU <sup>-</sup>	THOR	IZATION		
			onal credit information about the company and its principals from banks, cre		
behalf of the Applicant Company confirms that all the information in this make this application and to agree to the foregoing on behalf of the Appl	applicati icant Cor	on is true, on the second of t	credit review by Route Consultant Purchasing Alliance. The person(s) signing complete and correct and also confirms that the person(s) signing below are notostatic or facsimile copy of this authorization shall be as valid as the original transfer of the Applicant Company as well as individually in your capacity a	authorize	ed to
Signature of Owner/Guarantor		Compa	any Title Date		
Printed Name		Social	Security Number		
Signature of Owner/Guarantor		Comp	any Title Date		
Printed Name		Social	Security Number		
Signature of Owner/Guarantor		Compa	any Title Date		
Printed Name		Social	Security Number		
SUPPORTI	NG I	NFOR	RMATION REQUIRED		
Risk Management/Fraud Alert Notification Email			Phone Number		

**Applicant Company:** 

Weekly Service Worksheet for Last Two Weeks in Excel Format

Owners/Principals (provide for all):

Copy of Driver's License (Front & Back)



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### **AUTHORIZATION FORM**

I authorize Route Consultant Purchasing Alliance to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness.

**CERTIFICATION:** To be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included

By signing below I authorize Route Consultant Purchasing Alliance to obtain a Background Check and/or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Backgroud Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

Signature	Date
Printed Name	Social Security Number
Signature	Date
Printed Name	Social Security Number
Signature	Date
Printed Name	Social Security Number

### **FUEL CARD INFORMATION**

#### The default settings are as follows:

CARD TYPE	QUANTITY NEEDED	WEEKLY SPEND LIMIT	PUMP ONLY	PUMP & IN STORE	FUEL ONLY	FUEL & MAINTENANCE	VEHICLE ASSIGNED	DRIVER ASSIGNED
Owner								
ВС								
Driver								
Spare								

#### If you would like to request custom card settings, submit your requested settings and quantities below:

CARD TYPE	QUANTITY NEEDED	WEEKLY SPEND LIMIT	PUMP ONLY	PUMP & IN STORE	FUEL ONLY	FUEL & MAINTENANCE	VEHICLE ASSIGNED	DRIVER ASSIGNED
Owner								
ВС								
Driver								
Spare								