

FAST STOP® Commercial Card – Supporting Local Business

Purchase fuel, services
and merchandise from
local FAST STOP and
FAST STOP Express
locations with the
FAST STOP
Commercial Card.



Visit www.efaststop.com for a location near you.

COMMERCIAL



FAST STOP® Commercial Card – Working with you, mile after mile.

APPLY TODAY!



The FAST STOP® Commercial Card allows you to take control of your business purchases by offering:

SECURITY

- Secure purchases by assigning driver ID numbers to your cards.
- Driver cards – Your employees keep the card with them.
- Vehicle cards – Leave the card in the vehicle for employees to use with their unique driver ID's.
- The FAST STOP® Commercial Card program allows you to set purchasing restrictions for day of the week and time of day.
- Account alerts provide updates with account activity.

CONVENIENCE

- Locations near you. Find a location with the FAST STOP locator at www.efaststop.com!
- Manage all aspects of your account at www.myfuelcard.com. Manage your card and driver information. View our robust purchase history reporting, including data export features.

TAX-EXEMPT BILLING

- Detailed reporting shows tax-exempt status.
- Billing occurs at tax-exempt rate.



COMMERCIAL Credit Application

GENERAL INFORMATION

Legal Name of Business/DBA			
Business Street Address			
City	State		Zip
Phone Number	Fax Number		

DESCRIPTION OF BUSINESS	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	Federal ID #
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BANK AND TRADE INFORMATION		Bank Name	Account#
Contact		City	
State	Zip	Phone	Fax
Listed in Dun & Bradstreet	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Please list Duns #	

PROPRIETOR, PARTNERS OR CORPORATE OFFICERS* (Please provide an alternate address where we may reach you.)

Name	
Title	
Street	
City, State, Zip	
Phone	
Email	
Social Security #	

PAYMENT METHOD	For Payment Method 1, the following banking information is required:
<input type="checkbox"/> 1. EFT	Checking Account #: _____ Bank Transit/ABA # (routing): _____
<input type="checkbox"/> 2. Business Check	Financial Institution: _____ Telephone #: _____
<input type="checkbox"/> Other: _____	Branch Location: _____ City & State: _____
	Regarding EFT, Card Issuing Company is authorized to initiate payment upon the invoice due date.

VEHICLE INFORMATION	# Vehicles	# Cards Needed
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CARD RESTRICTIONS	<input type="checkbox"/> Check if no restriction on time and days.	
Day of the Week	Begin Fueling Time	End Fueling Time
Sunday	_____ : _____	_____ : _____
Monday	_____ : _____	_____ : _____
Tuesday	_____ : _____	_____ : _____
Wednesday	_____ : _____	_____ : _____
Thursday	_____ : _____	_____ : _____
Friday	_____ : _____	_____ : _____
Saturday	_____ : _____	_____ : _____
Allowable Products (Check All that Apply):		
<input type="checkbox"/> Allow fuel products <input type="checkbox"/> Allow service products <input type="checkbox"/> Allow merchandise products		

CONTACT ME
<input type="checkbox"/> Contact me to establish preferred driver ID number(s).
<input type="checkbox"/> Contact me to establish multiple card set up.

**Any financial statement submitted with this application will facilitate the establishment of your account and will be relied upon by Card Issuing Company (means = company reviewing applicant's credit and issuing the card). Any such statements will be kept strictly confidential.

Permission is herewith granted to investigate credit worthiness and to obtain credit information from all listed references including my bank and other credit reporting agencies. I assume personal and individual responsibility and liability, and guarantee of all charges due and payment to Card Issuing Company by the company or corporation listed here-in. I hereby consent and authorize the use of my consumer credit report in the credit evaluation process. All financial information submitted in support of this new account and credit application is true and complete in all respects. My account is subject to a late charge of 2% per month (24% per annum) on all past due invoices. Furthermore, I understand that my account may be turned off if my account is past due and that any collection fees (including attorney fees) incurred by Card Issuing Company, which the parties hereby fix at 33 1/3% of any balance due plus court costs, will be borne by my account. By signing this credit application and using services of Card Issuing Company, I certify that I am authorized to make this request on behalf of this company, and it is agreed that all purchases will be paid in accordance with the terms & conditions.

Customer Signature of Proprietor, Partner or Corporate Officer: _____ Date: _____

Print Name: _____

WHEN FINISHED, DETACH HERE, FOLD, TAPE, AND MAIL.