



# Zarco 66 Fleet Account Application

Fax Application to: 1-800-348-7960

For more information call: 1-800-903-9368

Mail Application to: P.O. Box 924108, Norcross, GA 30010-9912



**Zarco 66 Inc - 004**

All fields must be completed to ensure timely processing.

## BUSINESS INFORMATION - Required

Legal Name of Applicant

Federal Tax ID (required) or SSN

Subsidiary or DBA

Main Telephone

Estimated Monthly Fuel Usage (Dollars)  / Month

Fax Number  Years in Business  # of Employees

Business Structure/Type

Street Address Line 1 (No P.O. Boxes)

Corporation  Proprietorship  Non-Profit\*   
Government  Partnership  LLC

Street Address Line 2 (No P.O. Boxes)

LLP  \*Please attach state tax exemption certificate. (A fee may apply.)

Street Address City

State  Zip

Billing Address (if different from Street Address)

State  Zip

Billing Address City

E-mail Address for Online Statements, Reports and Advanced Card Controls

Billing Contact's First and Last Name

Cell Phone/Secondary Number

Billing Contact's Phone Number

Type of Business

Choose a five-digit, numeric password to be used for Customer Service

How would you like to receive your statement? (check one)

Online  Paper\*

\*A fee may apply

## AUTHORIZED REPRESENTATIVE - Required and applicable to all applicants

FleetCorTechnologies Operating Company, LLC ("FleetCor") operates the Mamatec Corporate Card Fleet card ("Mamatec") program including accounts issued by CIT Bank ("CIT"). As used in this application, "FleetCor" may refer to FleetCor acting for itself or on behalf of CIT Bank. By signing this application, I represent and warrant that I am duly authorized to request that a Mamatec account be created on behalf of my company identified above ("Applicant"). FleetCor is hereby authorized to check Applicant's credit worthiness, initially as well as from time to time, including but not limited to obtaining credit report(s), contacting the Applicant's bank, and obtaining trade references. Applicant acknowledges that this application is subject to approval and acceptance by FleetCor. If this application is approved, then the Applicant's Authorized Representative listed above will be notified of the account's available credit limit, the acceptable payment terms & method, and any applicable program fees. Program details will be provided in the account agreement that will be delivered along with the cards to the Authorized Representative. Applicant acknowledges that the fleet card program is not a revolving credit account, and that any purchases made during the billing cycle are due and payable in full, including any applicable fees, upon receipt of the billing statement. If the Applicant's unpaid balance ever exceeds the established credit line, the account will incur a fee and may be suspended and the Applicant's credit history may be reported to credit reporting agencies. Applicant's acceptance, signing, in whatever form, or use of any of the cards provided to the Applicant will constitute acceptance of the terms and conditions contained in this application and the account agreement. Applicant agrees that any liability arising or resulting from the misuse, unauthorized or fraudulent use, loss or theft of any of the cards issued to the company's account shall be fully borne, assumed and paid by the Applicant. If FleetCor uses an attorney or collection agency to collect an unpaid overdue amount, the Applicant agrees to pay reasonable attorney and/or collection fees. Applicant agrees that the account will be governed by Utah law and that the cards are for business/commercial uses only and never used for personal or household purposes and agrees that use of the cards for consumer or household purposes shall be grounds for immediate termination of the Applicant's account. We comply with Section 326 of the USA PATRIOT Act. This law mandates that FleetCor verify certain information about you while processing your account application.

Print Name and Title (Authorized Representative)

Telephone #

Signature (Authorized Representative)

Date

Sales Rep Name/ID

Station ID

Employee ID

Internal Use

## PERSONAL GUARANTY - Required for All Proprietorships, Partnerships or any other business/organizations less than two years old or having fewer than 5 employees.

Each principal ("Principal") for this Account, if any is personally and unconditionally, jointly and severally liable with Applicant, as principal and not as surety or guarantor, for the payment and performance when due of all obligations owed on the Account, regardless of who made purchases using the Cards, and the Principal agrees to pay such amounts according to the terms of this Agreement. Principal is responsible under this Agreement for all use of all the Cards issued on the Account to the fullest extent permitted by law. This constitutes Principal's agreement, individually, regarding the provisions under "AUTHORIZED SIGNATORY" above, including without limitation checking and reporting your credit and confirming your identity

All fields below required.

Print Name (Guarantor)

Signature (Guarantor)

Date of Birth (MM/DD/YYYY)

Guarantor Street Address

City

State

Zip

Social Security #

Driver's License and State

Home Phone

Call Phone

This MasterCard card is issued by CIT Bank, pursuant to a license from MasterCard International Incorporated.