

CITGO FLEET CARD ACCOUNT APPLICATION

Select Card Program:

- ☐ CITGO Fleet In-Store Card : No Fees.
- ☐ CITGO Fleet Card : No Fees.
- ☐ CITGO Fleet Select Card : No setup fee, \$10 monthly accounting fee (waived if purchases equal or exceed 500 gallons per month)
- ☐ CITGO Fleet Universal Card : \$40 one-time setup fee, \$2 per card per month.

Instructions: Complete and sign application. Return your application to us by fax 1-800-374-4568 or email your application to LeadSubmission@wexinc.com.

1) The undersigned applicant/buyer ("Applicant") represents that the information given in this application is complete and accurate and authorizes Card Issuer to check with credit reporting agencies, credit references and other sources disclosed to confirm information given; 2) Applicant requests a business charge account, if approved for credit, and one or more business charge cards from the card issuer, which is WEX Bank ("Card Issuer"); 3) Applicant agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the business charge card(s). Use of any card issued pursuant to this application confirms Applicant's agreement to said terms and conditions; 4) If this Account is for a partnership or a proprietorship, a partner or principal must sign this application and the undersigned's personal credit may be used in making a credit decision and they hereby authorize Card Issuer to obtain a consumer report. In the event that this application is denied based upon information contained in a consumer credit report of the undersigned, they authorize the Card Issuer to report the reason for the denial to the Applicant. Direct inquiries of businesses where the undersigned maintains accounts may also be made; 5) Applicant agrees that in the event the account is not paid as agreed, Card Issuer may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. 6) Applicant agrees to provide company financial statements, including at minimum, a Balance Sheet and Income Statement for the last two years upon request. 7) By providing the phone numbers below, you authorize us to contact you at any of these numbers regarding this application or any account opened as a result of this application. If you have any questions regarding this application, please call 1-855-886-6704.

Legal Company Name	Phone #	Fax #
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DBA Name (Doing Business As)	Taxpayer ID # (TIN, FEIN or SSN)
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Physical Address (Do Not Include PO Box)

Billing Address (If Different than Physical Address)

In Business Since (yyyy)	Year of Incorporation (yyyy)	SIC Code or Type of Business
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Number of Vehicles for this Program	Avg Monthly Fuel Expenditures \$	Avg Monthly Service Expenditures \$
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☐ Check here if business is exempt from motor fuels tax (sales representative will provide further details)

Select One (Please complete this section accurately): ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ PC or PA ☐ LLC ☐ Government

Is this account for a company that has been incorporated less than three years, a partnership, a proprietorship, a professional corporation or association, or a limited liability company? ☐ No ☐ Yes (If YES, complete the Personal Guaranty on the second page)

CONTACTS

Designate the person authorized to receive all charge cards, reports, and other such information we provide from time to time and to take actions with respect to your account and account access. This is also the person designated by your company to provide all fleet vehicle, driver and other information we may request. By signing below, you also (i) designate representatives from your card program sponsor ("Sponsor") to have access to your account information in order to facilitate customer service and account maintenance requests on your behalf, and (ii) authorize the Card Issuer to accept account maintenance requests and other instructions from Sponsor on your behalf.

Authorized Contact Name/ Title	Phone #	Email Address
Billing Contact	Phone #	Email Address
Additional Contact Name	Phone #	Email address

AUTHORIZED SIGNATURE REQUIRED

Any person signing on behalf of a business attests that the Applicant is a valid business entity, that, if applicable, the execution of this application has been duly authorized by all necessary action of Applicant's governing body, and that the undersigned is authorized to make this application on Applicant's behalf.

Signature X	Date	Print Name	Title
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INFORMATION SHARING DISCLOSURE: CITGO Petroleum Corporation, Card Issuer or its affiliates may, to the extent allowed by law, share information disclosed by or generated as a result of this application with each other, and with merchants accepting the card. In addition, information regarding your transactions may be provided to accepting merchants or their service providers to facilitate discounts or other promotional campaigns of interest to you.

FOR OFFICE USE ONLY

Opportunity Number	Site ID	Sales Code	Plastic CIT1	Coupon Code	Account Number 0497
Opportunity Number	Site ID	Sales Code	Plastic CIT2	Coupon Code	Account Number 0497
Opportunity Number	Site ID	Sales Code	Plastic CIT3	Coupon Code	Account Number 0470
Opportunity Number	Site ID	Sales Code	Plastic CIT4	Coupon Code	Account Number 0479

Our bank complies with Federal Law which requires all financial institutions to obtain, verify and record information that identifies each company or person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents for your business.

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Please complete the Personal Guaranty below only if this account is for: a Company that has been incorporated less than one year a Partnership, Proprietorship, Professional Corporation or Association, or Limited Liability Company.

PERSONAL GUARANTY

In consideration of Card Issuer financing purchases under the Business Charge Account Agreement (as the same may hereafter be modified, extended or amended, "the Agreement"), the undersigned guarantor ("Guarantor") hereby agrees to unconditionally personally guarantee payment and performance under any account established pursuant to this application, of any obligation of Applicant to Card Issuer or any assignee of Card Issuer, in the event the above Applicant fails to do so. This is a guaranty of payment and not merely of collection. Guarantor agrees to pay, upon demand, any amount owed by Applicant to Card Issuer and due under the Agreement. Card Issuer shall not be required to initiate any action against, nor exhaust any remedies with respect to Applicant or any other guarantor prior to making demand upon Guarantor. Guarantor hereby waives any notices regarding Applicant's account or this guaranty and agrees that this guaranty shall be applicable until the Agreement has terminated and all amounts due have been paid in full. Guarantor agrees that in the event the account is not paid as agreed, Card Issuer may report Guarantor's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. Guarantor hereby agrees that Card Issuer may extend the time for payment and release any other security for the agreement without affecting in any way the obligations of Guarantor. Guarantor waives any and all suretyship defenses. Personal credit of Guarantor will be used in making a credit decision and Guarantor hereby authorizes Card Issuer to obtain a consumer credit report of Guarantor. Direct inquiries of businesses where the undersigned maintains accounts may also be made. In the event this application is denied based upon information in a consumer credit report of Guarantor, Guarantor authorizes the Card Issuer to report the reason for the denial to Applicant.

Guarantor's Signature X	Print Name	Date of Birth	Social Security No.
Guarantor's Residential Address – street, city, state, zip (Do not include PO Box)		Phone #	Date (mmddyy)

FLEET IN-STORE CARD

Please complete the section below only if this account is for the CITGO Fleet In-Store Card.

You have requested that a Fleet Card be shipped directly to a retail fueling station so that the card can be held on file at the station for use by your drivers. Driver Identification Numbers (DIN) that will compatible with the card will be sent directly to Physical Address noted on page one if this application. Use of the unique DINs with this card will allow you to continue to monitor who is fueling.

WEX does not recommend the practice of leaving cards at stations as there is a greater risk that the cards may be used fraudulently. However, you are willing to assume this additional risk and have requested that cards be mailed directly to the stations noted below:

Station Name	Station Phone #	
Station Physical Address		
City	State	Zip

WEX has agreed to honor this request based upon your agreement that you will be liable for any misuse or fraud that occurs on these cards. Unless there are sufficient facts to support a claim that the fraud was initiated solely by the merchant, liability for any misuse on these cards will remain with you and will not be borne by WEX.

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