

Blarney Castle Fleet Card Application



Fax to: (231)864-2303 or Mail to: Blarney Castle Oil Co., Attn: Fleet Services, PO Box 246, Bear Lake, MI 49614
 If you would like this application emailed to you or for more information call: (231) 740-3283.

CARD PRODUCT

Please process this application for the Blarney Castle Fleet Card.
 All fields must be completed to ensure timely processing.

BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

<input type="text"/> Business Legal Name	<input type="text"/> Federal Tax ID (required) or SSN																		
<input type="text"/> / Month Estimated Monthly Fuel Usage (Dollars)	<input type="text"/> Main Business Phone Number																		
	<input type="text"/> Years under current ownership																		
<input type="text"/> Street Address (No P.O. Boxes - this is where cards will be sent)	<input type="text"/> Annual Sales Volume (Dollars)																		
	<input type="text"/> Number of Full-Time Employees																		
<input type="text"/> Street Address City	<input type="text"/> State																		
	<input type="text"/> Zip																		
<input type="text"/> Billing Address (if different from Street Address)																			
<input type="text"/> Billing Address City	<input type="text"/> State																		
	<input type="text"/> Zip																		
<input type="text"/> Business Owner's Name	Business Structure/Type (mark one)																		
<input type="text"/> Business Owner's Cell Phone	<table border="1"> <tr> <td>Corporation</td> <td><input type="checkbox"/></td> <td>Proprietorship</td> <td><input type="checkbox"/></td> <td>Non-Profit*</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Government*</td> <td><input type="checkbox"/></td> <td>Partnership</td> <td><input type="checkbox"/></td> <td>LLC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LLP</td> <td><input type="checkbox"/></td> <td colspan="4">*Please attach tax exemption certificate.</td> </tr> </table>	Corporation	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Non-Profit*	<input type="checkbox"/>	Government*	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLC	<input type="checkbox"/>	LLP	<input type="checkbox"/>	*Please attach tax exemption certificate.			
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CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

<input type="text"/> Key Executive Name (typically the person who manages the fleet)	<input type="text"/> Key Executive Title (typically the person who manages the fleet)
<input type="text"/> Billing Contact Name	<input type="text"/> Billing Contact Phone Number
<input type="text"/> Fax number	<input type="text"/> E-mail Address for Online/Email Statements & Reports (billing contact)
<input type="text"/> Choose Security Password to be used for Account Access (for Key Executive or Fleet Manager)	<input type="text"/> If Billing Contact will be calling for Account Access, enter unique Security Password

How would you like to receive your statement? (check one) Paper* Online
 *A fee will apply

Would you like access to the website program? (check one) Yes No
 ** Must choose YES if you want electronic invoices as this is how you will pull them.

Please attach a listing of the employee name(s) and email address for each person that you want to have access to the website.
 Note: Our program manager will automatically be setup to have access to your account on the website in order to assist you more efficiently.

SIGNATURE - PLEASE SIGN AND DATE

Please Read Carefully: FleetCor Technologies Operating Company, LLC. ("FleetCor") and Comdata Network, Inc. ("Comdata") operate the Business Solutions Fuel Management card products and this application is made to FleetCor. By signing this application, Customer authorizes FleetCor to check Customer's credit references and the information on this application and to obtain consumer or commercial credit reports to check Customer's credit standing, both for this application and for the updates of Customer's credit file and renewals of Customer's Business Solutions Fuel Management card(s). Customer acknowledges that this application is subject to approval and acceptance of Customer by FleetCor in Louisiana. If this application is approved, then Customer will be notified of its available credit limit, and Customer will not allow its unpaid account balance to exceed its credit limit. Customer agrees that Louisiana law governs the terms and conditions of the Business Solutions Fuel Management card(s), which terms and conditions will accompany the card(s) if this application is approved. Customer's accepting, signing, or using any Business Solutions Fuel Management card(s) will constitute Customer's acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay for all use of Fuel Management cards provided to Customer and all use of Customer's account each billing cycle, as well as all interest, fees and costs associated with such cards and account. The account is not a revolving credit account. Customer agrees that any liability arising or resulting from the misuse, unauthorized use, loss or theft of any one or more of the cards issued or of Customer's account shall be fully borne, assumed and paid by Customer. Customer also agrees that Customer will exclusively use the Business Solutions Fuel Management card(s) for commercial purposes and understands that Customer's card(s) may be canceled if Customer uses them for non-commercial purposes. In the event that Customer's account is turned over to a collection agency or an attorney for collection, Customer agrees to pay all such costs, fees and expenses of such agency or attorney, including, without limitation, court costs and out-of-pocket expenses. By signing below, Customer confirms that everything it has stated in this application is correct to the best of Customer's knowledge and that the signing authorized representative is duly authorized to enter this relationship on behalf of Customer. We comply with Section 326 of the USA Patriot Act. This law mandates that we verify certain information about you while processing your account application.

<input type="text"/> Print Name (Authorized Representative)	<input type="text"/> Signature (Authorized Representative)	<input type="text"/> Date (MM/DD/YYYY)
<input type="text"/> Internal Use	<input type="text"/> Internal Use	BCF

PERSONAL GUARANTY BY PRINCIPAL OF APPLICANT - MAY BE REQUIRED FOR CORPORATIONS LESS THAN TWO YEARS OLD AND ALL SOLE PROPRIETORSHIPS, PARTNERSHIPS AND LLC'S

The undersigned (Guarantor) unconditionally and irrevocably guarantees the payment and performance when due of all obligations of the Applicant to FleetCor and its successors and assigns now or hereafter owing ("Guaranteed Obligations"). Payment hereunder shall be made without set-off or counterclaim. Guarantor acknowledges that this is a guaranty of payment and not of collection and that Guarantor is a primary obligor and not merely a surety, obligated on a joint and several basis with Applicant and each other guarantor. Guarantor hereby waives any right to require FleetCor to proceed against Applicant as a condition to proceeding against Guarantor and waives the provisions of law to the contrary. Guarantor waives notice of acceptance, diligence, presentment, demand, notice of dishonor, protest and all other notices. Guarantor agrees that Guarantor's obligations hereunder shall not be affected by changes in the Guaranteed Obligations. Guarantor hereby subordinates in favor of FleetCor any right of subrogation and all other obligations of the Applicant to Guarantor. If any provision of this Guaranty is held to be illegal, invalid or unenforceable it shall not affect any other provision hereof. This Guaranty shall be governed by the law of Louisiana. If collection hereunder is by an attorney at law, the Guarantor shall pay all reasonable costs of collection, including attorney fees. The terms and conditions of the Account Agreement (available upon request if you do not already have a copy) are incorporated by reference and Guarantor agrees to be bound thereby. This Guaranty shall be relied upon by FleetCor in making its credit decision and is a condition of the extension of credit to the Applicant. Guarantor hereby authorizes FleetCor to obtain a consumer credit report of Guarantor and to make direct inquiries of employers and businesses where Guarantor has accounts. If this Application is denied based on such information, Guarantor authorizes FleetCor to report the reason for the denial to Applicant. If the Guaranteed Obligations are not paid when due, FleetCor may report the Guarantor's liability for and the status of the account to credit bureaus and others who may lawfully receive such information.

Print Name (Guarantor)	Signature (Guarantor)	Date of Birth (MM/DD/YYYY)
Guarantor Street Address	City	State Zip
Social Security #	Driver's License # and State	

CARD SET-UP INFORMATION - PLEASE TELL US HOW YOU WOULD LIKE YOUR CARDS SET UP

1. Fill out appropriate sections for Driver and/or Vehicle Cards Number of Driver Cards Number of Vehicle Cards

For Driver Cards, please fill out this section. (We recommend vehicle cards as vehicles turn over much less than drivers.)

**PLEASE NOTE: Each driver must be assigned a unique PIN in section 2.*

Purchase Ability: 1=Fuel Only, or 2=Fuel & Everything (in convenience store)

enter 1 or 2

Driver Last Name (15 characters or less)	Driver First Name (10 characters or less)	Purchasing Ability

For Vehicle Cards, please fill out this section. (We recommend doing vehicle cards as vehicles turn over much less than drivers.)

Purchase Ability: 1=Fuel Only, or 2=Fuel & Everything (in convenience store)

enter 1 or 2

Vehicle Description (15 characters or less)	Purchasing Ability

*2. Please list the pin numbers for each driver below.
Cards will only work if your driver enters one of the numbers below.

Driver PIN (4 - 6 digits & cannot start with 0)	Driver Name

If you are requesting more cards, please add more rows.

BCF