fleet services application

BILLING INFORMATION

COMPANY NAME

BILLING ADDRESS

CITY **STATE** **ZIP CODE**

STREET ADDRESS (if different from billing address)

CONTACT PERSON (to make changes, etc.) **PASSWORD** (if any)

AREA CODE **TELEPHONE** – **EXISTING ACCOUNT #** (if any)

Select Account Type

☐ Commercial Account
- ■ NO Discounts
- ■ NO FEE

☐ Basic Fleet Account
- ■ Up to 2.5¢ per gallon discount
- ■ $5 per month

☐ Enhanced Fleet Account
- ■ Up to 2.5¢ per gallon discount
- ■ $10 per month

TYPE OF BUSINESS _____

E-MAIL _____ ***DUNS#*** _____

BUSINESS CREDIT INFORMATION

YOU MUST CHECK ONE ❑ CORPORATION ❑ PARTNERSHIP ❑ PROPRIETORSHIP ❑ OTHER

YEARS IN OPERATION _____ NAME OF HOME OFFICE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Names of Company Principal(s)	Title	SS#*	Date Of Birth*

*To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to 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.

BANK AND TRADE REFERENCES (IF NO DUNS# PROVIDED)

NAME _____ CITY/STATE _____ ACCT.# _____ PHONE _____

NAME _____ CITY/STATE _____ ACCT.# _____ PHONE _____

I hereby certify that all statements made on this application are true and complete and are made for the purpose of obtaining a credit account and one or more Valero Fleet Services credit card(s) from Valero Marketing and Supply Company. I authorize Valero Marketing and Supply Company to make such inquiries of credit reporting agencies, credit references, or other sources disclosed on this application to confirm the information I have given. I authorize and request my listed bank references to reply to credit inquiries from Valero Marketing and Supply Company. I agree to the terms and conditions set forth in the Valero Fleet Services Card Agreement provided with this application and/or provided with the Valero Fleet Services credit card(s) and understand that my use of any card pursuant to this application confirms my agreement to said terms and conditions.

AUTHORIZED SIGNATURE _____ PRINTED NAME _____ TITLE _____ DATE _____

(Must be an authorized corporate officer, partner, member, or owner to sign this application)

ACCOUNT REPRESENTATIVE USE ONLY

CREDIT LIMIT _____ **PROJECTED GALLONS** _____

PAYMENT TERMS ❑ WEEKLY ❑ SEMI-MONTHLY ❑ MONTHLY

REPRESENTATIVE _____ **ACCT#**

OFFICE USE ONLY

ACCT REP CODE

CARD DELIVERY DATE / /

ANTICIPATED FIRST USAGE DATE / /