

Fleet Services Application

Applicant, please read the following before completing this form: (1) Applicant represents that the information given in this application is complete and accurate and authorizes Valero Payment Services to check with credit reporting agencies, credit references and other sources disclosed to confirm information given; (2) Applicant requests a Valero Fleet Services credit account, if approved for credit, and one or more Valero Fleet Services credit cards; (3) The undersigned applicant/buyer agrees to the terms and conditions set forth in Valero Fleet Services Card Agreement provided with this application and/or provided with the Valero Fleet Services credit card (s). Use of any card pursuant to this application confirms applicant's agreement to said terms and conditions.



BILLING INFORMATION				
LEGAL COMPANY NAME		Select Account Type		
<input style="width: 100%;" type="text"/> DBA (if applicable) <input style="width: 100%;" type="text"/>				
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)		
TYPE OF BUSINESS		FEDERAL TAX ID #		
E-MAIL		EST. MO. BILL \$		
BUSINESS CREDIT INFORMATION				
YOU MUST CHECK ONE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> 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	
_____	_____	_____	_____	
I authorize Valero Payment Services to make such inquiries as it may deem necessary concerning the statements made in this application. I agree that the application shall remain the property, whether credit is granted or not, of Valero Payment Services. I hereby certify that all statements on this application are true and complete and are made for the purpose of obtaining credit. I authorize and request my listed bank references to reply to credit inquiries from Valero Payment Services. (Must be an authorized corporate officer, partner, member, or owner to sign.)				
AUTHORIZED SIGNATURE	PRINTED NAME	TITLE	DATE	
_____	_____	_____	_____	
ACCOUNT REPRESENTATIVE USE ONLY				
CREDIT LIMIT		PROJECTED GALLONS		
PAYMENT TERMS		ACCT. #		
<input type="checkbox"/> WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY		<input style="width: 100%;" type="text"/>		
REPRESENTATIVE		ACCT. #		
_____		_____		

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