

Zarco 66 Inc. Fleet Fueling Account Application

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 Zarco 66 Inc Financial Services ("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 will 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.

Full Legal Company Name of Applicant/Buyer	Phone #	Fax#
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Write company name as you wish it to appear on cards. Limit of 20 characters including spaces. Unless specified, no company name will appear on cards.

DBA or AKA	Subsidiary of	Applicant's Taxpayer ID # (TIN, FEIN or SSN)
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Headquarters Name, Physical Address and Phone # (Do not include PO Box)	SIC Code or Type of Business
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Billing Contact	Billing Address	City	State	Zip+4
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Principal(s)/Authorized Officer(s)	Title(s)
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In Business Since (yyyy)	Year of Incorporation (yyyy)	Fiscal Year Start (mm)
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Avg Monthly Fuel Expenditures \$	Number of Vehicles
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IMPORTANT: If your estimated monthly vehicle expenditures equal \$2,000 or more, please attach your most recent annual and current financial statements.

Complete this Section Accurately. Select One: Corporation Partnership Proprietorship PC or PA LLC
 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 and attach the Personal Guaranty on page 2.)

Primary Business Bank	Address	City	State	Zip+4
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Bank Contact Person	Phone #	Commercial Account No.
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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.

Authorized Contact Name	Title	Phone #	Fax #
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Mailing Address (if different from billing address)	City	State	Zip+4
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Email address

Check here if business is exempt from motor fuels tax (sales representative will provide further details)

INFORMATION SHARING CLAUSE: Card Issuer or its affiliates may, to the extent allowed by law, share all information disclosed or generated through this application.

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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FOR OFFICE USE ONLY

Opportunity Number	Sales Code	Plastic Type	Coupon Code	Account Number
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