



Signing Rep: _____ Sales Office Phone: _____ FAX: _____

MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 1 of 5)

COMPLETE SECTIONS (1-9)

Merchant # _____		Loc. <u>1</u> of _____	
PCS1712 (ia)		(1) TELL US ABOUT YOUR BUSINESS	
Client's Business Name (Doing Business As):		Client's Corporate/Legal Name (Use Also For Headquarters' Information):	
Business Address:		Billing Address (If Different Than Location Address):	
City:	State	Zip	City:
Location Phone #:	Location Fax #:	Contact Name:	
Business E-mail Address:		Contact Phone #:	Contact Fax #:
Business Website Address:		Contact E-mail Address:	
Send Retrieval Requests / Fax Type to: <input type="checkbox"/> Business Address <input type="checkbox"/> Fax #		SIC/MCC	

*If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category's Codes (MCC): 4814, 4816, 5966, 5967, 7273, and 7841, the registration is required with Visa and/or MasterCard within 30 days from when your accounts becomes active. An Annual Registration fee of \$500 may apply for Visa and/or MasterCard (total registration fees could be \$1,000). Failure to register could result in fines in excess of \$10,000 for violating Visa and or MasterCard regulations.
1- Registration for MCC7841 is only required for Non-Face-to-face adult content, 2- Information herein, including applicable MCC's, is subject to change

(2) M C / V I S A / D I S C O V E R® NETWORK FULL SERVICE / AMERICAN EXPRESS

Your Total Monthly Cash and Credit Sales:	\$ _____	Your Total Monthly Cash and Credit Sales: (For All Outlets)	\$ _____
Estimated MC/Visa Average Ticket / Sales Amount:	\$ _____	Total Monthly MC/Visa Volume: (For All Outlets)	\$ _____
Monthly MC/Visa Vol. for this Outlet:	\$ _____	Estimated Discover Monthly Sales Volume (For All Outlets):	\$ _____
Estimated High Ticket Amount:	\$ _____	Estimated American Express Monthly Sales Volume (For All Outlets):	\$ _____
Estimated American Express Monthly Sales Volume for this Outlet:	\$ _____	Estimated Discover Average Ticket for this Outlet:	\$ _____
Estimated American Express Average Ticket for this Outlet:	\$ _____	Estimated Discover Monthly Sales Volume for this Outlet	\$ _____

(3) ENTITLEMENTS

☒ MC/ Visa/ Discover Full Processing (Discover Network systems and rules will process and govern JCB Transactions. Select Discover Full Processing if JCB is requested.)

☐ Voyager Fleet* Annual Voyager Volume: \$ _____ *Tax exempt Voyager Cards accepted: ☐ Yes ☐ No ☐ MC Fleet

☐ WEX Full Acquiring Annual WEX Volume: \$ _____ ☐ WEX (Non-Full Svc)

☐ Non-Lic. JCB (EDC) _____ (Existing Account #)

☐ American Express ☐ (Existing Direct SE #) _____

American Express Cap # _____ Franchise Name: _____ Other: _____ SE #: _____

☐ Debit Package 8 4 0 7 2 0 6 1 ☐ EBT FNS # (XREF): _____

(4) PROVIDE MORE BUSINESS DATA

State Incorp. _____ Month/Yr. Started: _____ ☐ Sole Ownership ☐ Partnership ☐ Non Profit/Tax Exempt ☐ Public Corp. ☐ Private Corp. ☐ L.L.C. ☐ Gov't.

Check one: TIN Type: ☐ EIN (Fed Tax ID #) _____ ☐ SSN _____ ☐ D&B #: _____

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part IV A.4 of your Program Guide for further information.)

Name (as it appears on your income tax return)	<input type="checkbox"/> Federal Tax ID#: (as it appears on your income tax return)	<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien.
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Mag Swipe _____ % + Keyed Manually _____ % = 100% Product/Services You Sell: _____

POS Card Present (MAG Swipe and/or Manual Imprint) _____ % + Mail Order/Direct Marketing _____ % + Phone Order _____ % + Internet _____ % = 100%

Do you use any third party to store, process or transmit cardholder data? ☐ Yes ☐ No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)

If yes, give name/address: _____

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

(5) DESCRIBE EQUIPMENT DETAILS

Network: <input type="checkbox"/> (206) CARDnet <input type="checkbox"/> Nashville <input type="checkbox"/> BuyPass <input type="checkbox"/> Other	Specify Security Code: ()					
Customer- Owned Leased (Circle one)	QTY	IP	Equipment Type (i.e. Terminal/ VAR/ Internet)	Retail • Restaurant • MOTO/ Internet Lodging • Supermarket • Car Rental Quick Service Restaurant • Petro	Model Code and Name	For Customer-Owned Equipment Track / Version/ Serial #
C L				R Re MOTO/I L S C QSR P		
C L				R Re MOTO/I L S C QSR P		
C L				R Re MOTO/I L S C QSR P		

NOTE: Any Special Instructions must be included on About Merchant's Business Page.

Wireless Provider: ☐ GPRS Cingular or ☐ Other: _____

Check one: ☐ Gateway Solutions ☐ First Data Global Gateway (FDGG)

☐ Dial Solutions ☐ VSAT*** ☐ Frame ☐ Other: _____ ☐ First Data® Payment Software Serial # _____

VAR/ Internet/ Software: Name: _____ (Nashville Only: Product ID # _____ Vendor ID # _____)

***Requires separate agreement between VSAT Provider prior to implementation of this telecommunications protocol.

PLEASE SEND COMPLETED INFORMATION TO **PETROLEUM CARD SERVICES**
ATTENTION: APPLICATION PROCESSING • 2243 PARK PLACE, SUITE C, MINDEN, NV 89423
TOLL FREE 866.427.7297 • FAX 775.782.7572 • WWW.PCS4FUEL.COM

Petroleum Card Services Corporate Office- 2243 Park Place Suite C, Minden, NV 89423 • Toll Free 866.427.7297 • Fax 775.782.7572 • www.pcs4fuel.com

DBA Name

PCS1712 (ia)		(6) PROVIDE YOUR OWNER INFORMATION				PCS1712 (ia)	
Owner/Partner/Officer Name:		D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership	
Home Address:		City:	State:	Zip:	Owner's E-Mail Address (Required for Click to Agree)		
Owner/Partner/Officer Name:		D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership	
Home Address:		City:	State:	Zip:	Owner's E-Mail Address (Required for Click to Agree)		

(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE

Start-Up Fees (One-Time Charge) Non-Taxable Fees: Application Fee (Non-Refundable) (247) \$ _____ Account Validation Fee \$ _____ <i>(One-time fee charged at time of boarding)</i> Reprogramming Fee (31A) \$ _____ Debit Set-up Fee (31B) \$ _____ Other: () \$ _____	Authorization and AVS Fees MC Auth Fee (030, 031, 032, 033, 034, 03V, 03W, 03X, 03Y) \$ _____ Visa Auth Fee (040, 041, 042, 043, 044, 04V, 04W, 04X, 04Y) \$ _____ Discover/JCB Auth Fee (070, 071, 072, 073, 074, 07V, 07W, 07X, 07Y) (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$ _____ Amex Auth Fee (060, 061, 062, 063, 064, 06V, 06W, 06X, 06Y) \$ _____ MC/Visa /Discover/Amex Voice AVS (039, 049, 069, 079, 03A, 04A, 06A) \$ _____ MC/Visa/Discover/Amex Voice Auth Fee/VRU (035, 036, 037, 045, 046, 047, 075, 065, 066, 067, 076, 077) \$ _____ AVS Fee (405, 406, 407, 408, 435, 07A, 07B, 07C) \$ _____	Other Fees Early Termination Fee \$ _____ Annual Membership Fee (294) \$ _____ Chargeback Fee (205, 725, 20L) \$ _____ Retrieval Fee (26A, 262, 20M) \$ _____ Batch Settlement Fee (227) \$ _____ EBT Cash / Food Stamps (029) \$ _____ Access Fee (241E-J, 04A-G) \$ _____ ACH Reject Fee (401) \$ _____ Non Return of Equipment \$ _____ Other: \$ _____ Other: \$ _____
Billed Monthly Fees Monthly Service Fee (335) \$ _____ Minimum Processing Fee (954) \$ _____ Wireless Access Fee Per TID (399) \$ _____ Monthly ClientLine® Fee (32R) \$ _____ eIDS Monthly Fee (29E) \$ _____ Regulatory Product Fee (35I) \$ _____ Wireless Comm Monthly Fee (472) \$ _____ Monthly Statement Fee (323) \$ _____ TIN/TFN Blank or Invalid Fee (181) \$ _____ <i>(as applicable)</i> Merchant Supply Advantage (413) \$ _____ Network Access Fee – Debit (420) \$ _____ Other: \$ _____ Other: \$ _____	<div style="border: 2px solid red; padding: 5px; text-align: center;"> Payeezy Gateway– Global Gateway e4 Payeezy Set-up Fee Per TID (40B) \$ _____ Payeezy Monthly Fee Per TID (40A) \$ _____ Payeezy Transaction Fee (OFC) \$ _____ </div> Enhanced Security Package Enhanced Security Pkg Monthly* () \$ _____ OR Enhanced Security Pkg Annual* () \$ _____ <small>*Billing to start 3 months after contract date.</small>	Fleet Card Fees Authorization Fees Voyager (0D0, 0D1, 0DV) \$ _____ WEX (0D4, 0B1, 0BV) \$ _____ Other Payment Fees: Voyager Sales Discount Fee (766) _____ % Wright Express Sales Discount Fe (840, 841, 842, 843) _____ % Retrieval Fee (29I) \$ _____ Chargeback Fee (29H) \$ _____ Datawire Micronode 1400 Monthly Fee (each) (354) \$ _____

The following interchange fees will be passed through to merchant if applicable: MC Acq. CNP AVS Fee Acquirer AVS Billing, USD and non USD Cross border fee, NABU Fee, Access Fee, Processing Integrity, license and Kilobyte Fee, Acct Stat Inq. Svc Interreg Fee; Visa Access, Visa Int'l Svc, Visa Int'l Acq, Zero Floor Limit, Zero Amt., Kilobyte Fee, Misuse of Auth, Partial auth NP Trans, Auth processing fees, Auth processing fees debit, US Debit Trans Integrity fee, Acct Stat Inq. Svc Interreg Fee NPF/ FANF Visa CP, CPN (see interchange qualification matrix ("IQM") for billing tables); Discover Int'l Processing Fee, Discover Int'l Svc Fee, Data Usage Fee.

Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard, Visa, or Discover plus a MasterCard Assessment Fee (273) of .12% a Visa Assessment Fee (27L) of .11%, Visa Assessment Fee CR (274) of .13% or a Discover Assessment Fee (234) of .11%, plus any other fees indicated on this Service Fee Schedule. (MasterCard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (286) of .15% American Express has Program Pricing and not Interchange and are subject to change.

Sales Credit & Non-PIN Debit Transaction Fee \$	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
(001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)	MC Qual Credit (800)	Visa Qual Credit (804)	Discover Qual Credit (170)	American Express Qual Credit (164)
American Express Sales Credit Transaction Fee \$	MC Qual Non Pin Debit (850)	Visa Qual Non-Pin Debit (854)	Discover Qual Non-Pin Debit (964)	American Express Program Cost (3AL)
(013, 014)				

Bundled PIN Debit (191, Key 0-593) \$ _____ OR	Unbundled PIN Debit– Txn Fee (018) \$ _____	Unbundled PIN Debit Discount Fee (Key 190, 590, 593) _____ % <i>(plus the applicable network fees)</i>	Debit PIN Debit Decline Transaction Fee (42R) \$ _____
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DBA Name _____

PCS1712 (ia)		(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)				PCS1712 (ia)	
	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee		
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____	Visa Non-Qualified Non-Pin Debit	(864) _____ %	(154, 155) \$ _____		
MC Mid- Qualified Credit	(810) _____ %	(611, 612) \$ _____	Discover Qualified Credit	(170) _____ %	(015, 016) \$ _____		
MC Non-Qualified Credit	(820) _____ %	(621, 622) \$ _____	Discover Mid-Qualified Credit	(990) _____ %	(717, 718) \$ _____		
MC Qualified Non-Pin Debit	(850) _____ %	(130, 131) \$ _____	Discover Non-Qualified Credit	(994) _____ %	(721, 722) \$ _____		
MC Mid- Qualified Non Pin Debit	(870) _____ %	(140, 141) \$ _____	Discover Qualified Non-Pin Debit	(964) _____ %	(787, 788) \$ _____		
MC Non-Qualified Non-Pin Debit	(880) _____ %	(150, 151) \$ _____	Discover Mid-Qualified Non-Pin Debit	(968) _____ %	(791, 792) \$ _____		
Visa Qualified Credit	(804) _____ %	(005, 006) \$ _____	Discover Non-Qualified Non-Pin Debit	(978) _____ %	(795, 796) \$ _____		
Visa Mid- Qualified Credit	(814) _____ %	(615, 616) \$ _____	American Express Qualified Credit	(164) _____ %	(013, 014) \$ _____		
Visa Non-Qualified Credit	(824) _____ %	(625, 626) \$ _____	American Express Mid-Qualified Credit	(81C) _____ %	(62T, 62U) \$ _____		
Visa Qualified Non- Pin Debit	(854) _____ %	(134, 135) \$ _____	American Express Non-Qualified Credit	(82A) _____ %	(65S, 65T) \$ _____		
Visa Mid Qualified Non-Pin Debit	(874) _____ %	(144, 145) \$ _____	American Express Program Cost	(3AL) _____ %			

Flat Rate		Discount		Transaction Fee	
MC Qual Credit	(800) _____ %	(001, 002) \$ _____	Discover Qual Credit	(170) _____ %	(015, 016) \$ _____
MC Qual Non-Pin Debit	(850) _____ %	(130, 131) \$ _____	Discover Qual Non-Pin Debit	(964) _____ %	(787, 788) \$ _____
Visa Qual Credit	(804) _____ %	(005, 006) \$ _____	American Express Qual Credit	(854) _____ %	(134, 135) \$ _____
Visa Qual Non-Pin Debit	(854) _____ %	(134, 135) \$ _____	American Express Program Cost	(3AL) _____ %	

☐ Dues & Assessments (273, 274, 234, 237, 286) ☐ Billback Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 19.1) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions. (30D) _____ %

Discount Fees (Based On Gross Sales Volume)

Accept all MasterCard, Visa and Discover Transactions (presumed, unless any selections below are checked)

MasterCard Acceptance
☐ Accept MC Credit transactions only
☐ Accept MC Non-PIN Debit trans only

Visa Acceptance
☐ Accept Visa Credit transactions only
☐ Accept Visa Non-PIN Debit trans only

Discover Acceptance
☐ Accept Discover Credit transactions only
☐ Accept Discover Non-PIN Debit trans only

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of trans action, the resulting transaction will down grade to the highest cost interchange plus the applicable Non-Qualified Sur charge (See Section 19.1 of the Program Guide).

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and reviewed a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), Merchant Processing Application (consisting of Sections 1-9) as modified from time to time in accordance with the provisions of this Agreement and Interchange Qualification Matrix (IQM) and agrees to be bound by all provisions printed therein. The Program Guide and IQM are also available for viewing and/or downloading from the Internet at: <http://www.pcs4fuel.com>. Client hereby consents to receiving commercial electronic mail messages from us from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in the Provide More Business Data section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section.

By signing below, each of the undersigned authorizes us and our Affiliates to request and obtain from a consumer reporting agency, personal and business consumer reports. If the Application is approved, each of the undersigned also authorizes us and our Affiliates to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement. Each of the undersigned further agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us and our Affiliates. Each of the undersigned authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application.

For American Express ESA only Merchants: By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete, and accurate. I authorize Petroleum Card Services and/or First Data Merchant Services LLC and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Petroleum Card Services and/or First Data Merchant Services LLC and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the application, the entity will be sent the Agreement and materials welcoming it, either to AXP's program for Petroleum Card Services and/or First Data Merchant Services LLC to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the Petroleum Card Services and/or First Data Merchant Services LLC servicing program, which the entity may be enrolled in, AXP's standard Card acceptance program and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

I further acknowledge and agree that I will not use my merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transaction in certain jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC)

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provide herein are correct.

THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.

Client's Business Principal: (Please sign below)

X Signature _____

Print Name _____ Date: _____

Title: ☐ Pres. ☐ V.P. ☐ Member L.L.C. ☐ Owner ☐ Partner ☐ Other: _____

Signature _____

Title: ☐ Pres. ☐ V.P. ☐ Member L.L.C. ☐ Owner ☐ Partner ☐ Other: _____

(PROCESSOR): For Petroleum Card Services and/ or First Data Merchant Services LLC and Wells Fargo Bank, N.A. (a member of Visa USA, Inc. and MasterCard International, Inc.)

X Signature _____

Print Name _____ Date: _____

PCS1712 (ia) (9) PERSONAL GUARANTY PCS1712 (ia)

In exchange for Petroleum Card Services and/or First Data Merchant Services LLC and Wells Fargo Bank, N.A.'s (a member of Visa USA, Inc. and MasterCard International, Inc.) acceptance of the Agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Agreement. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A., Petroleum Card Services and First Data Merchant Services LLC are relying upon this Guaranty in entering into the Agreement.

Signature (Please sign below):

X _____, an individual

Signature (Please sign below):

X _____, an individual



MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 4 of 5)

Bank Code: _____ Merchant ID: _____ BuyPass Merchant #: _____

DBA NAME _____ 24 (Characters)

PCS1712 (ia)	BANKING INFORMATION (REQUIRED)	PCS1712 (ia)
First/Last Contact Name at Bank:		Phone Number:

ABA #: _____ DDA #: _____

CHECKLIST INFORMATION

Sales Support ID: _____ Sales Rep. ID #: _____ Print Sales Rep. Name: _____
HIERARCHY: Bank: _____ Agent: _____
Corp.: _____ Chain: _____ BuyPass FIID: _____

CLIENT VISITATION

- ☐ Visit Not Required (Lic. Professional)
1. Zone: ☐ Business District ☐ Industrial ☐ Residential
2. Location: ☐ Mall ☐ Shopping Area ☐ Isolated
☐ Office ☐ Apartment ☐ Home
☐ Other: _____
3. Seasonal: ☐ No ☐ Yes, Mos. in Operation: _____
Mos. Open Between _____ to _____
4. External Facility Description (# of Levels/Floors):
☐ 1 ☐ 2-4 ☐ 5-10 ☐ 11 plus
5. Merchant Occupies: ☐ Ground Floor
☐ Other: _____
6. Remaining Floor (s) Occupied by:
☐ Residential ☐ Commercial ☐ Combination
7. Advertising Name Displayed:
☐ Window ☐ Door ☐ Store Front
8. Time Zone (required): _____
9. Approx. Square Footage:
☐ 0-250 ☐ 251-500 ☐ 501-2,000 ☐ 2,001+
10. # of Employees: _____
11. # of Registers: _____
12. Return Policy:
☐ Full Refund ☐ Exchg Only ☐ None
13. Do you have a refund policy for your MC/Visa /Discover® Network sales? ☐ Yes ☐ No
If yes, Check one:
☐ Exchange ☐ Store Credit ☐ Refund Cardholder
If MC/ Visa/Discover Credit, within how many days do you submit credit transactions?
☐ 0-3 ☐ 4-7 ☐ 8-14 ☐ Over 14 days
14. Proper License Visible (Liquor, Tax ID, etc.):
☐ Yes ☐ No, explain: _____
15. Your Previous Processor: _____
16. Your Previous Merchant #: _____
17. Check Reason for Changing:
☐ Rate ☐ Service ☐ Terminated
☐ Other: _____
18. D & B #: _____
19. Do You Have Previous Processor MC/ Visa/Discover Statements? ☐ Yes ☐ No
20. Are customers required to leave a deposit?
☐ Yes ☐ No
If Yes, % of deposit required: _____ %
Time Frame for Delivery: _____ Days

Comments to Credit Officer (40 Characters): _____

MAIL STATEMENTS/ DOCUMENTS

Statement Recap Information: (check one) ☐ 01 = Outlet ☐ 02 = Stmt to Bill To/No Recap ☐ 07 = Suppress Stmt (No Stmt) ☐ 08 = Produce Recap, No Stmt
☐ 09 = Bill to Address/Stmt and Recap ☐ 10 = Recap to Bill To/Stmt to OutletStatement Type: (check one) ☐ Detail ☐ Summary Statement Delivery Method: (check one) ☐ E-Mail ☐ Online ☐ Print and Mail

Statement E-Mail Address: _____

ON YOUR BUSINESS ACCOUNT CHECKING STATEMENT ROLLUP: (check one)

☐ 0 = Each Transfer ☐ 1 = Debit/Credit Grouped (By Category) ☐ 2 = Net Transfer Amount Only ☐ 3 = Net Transfer EOM Fee Combined

PROCESSING INFORMATION

1. Processing mode: ☒ EDC: ☐ ECR
2. Funding will be processed DAILY via: ☒ ACH ☐ Bankwire
3. Bank will fund: ☐ Outlet ☐ Head Office
4. # of Plates: _____ Long _____ Short
(will be shipped by ISO)
5. Fire Safety Act: ☐ Yes ☐ No
6. Ship Equipment and Welcome Packet to (will be shipped by ISO) (check one):
☐ Outlet ☐ Head Office ☐ Other, give mailing information below ☐ No Welcome Packet and Supplies ☐ No Welcome Packet

Name:	First/Last Contact Name:		
Address:	City:	State:	Zip:

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Merchant ID:

PROCESSING INFORMATION (cont'd)

PCS1712 (ja)