

# SuperFleet Application



## SUPERFLEET APPLICATION PLEASE PRINT (In Ink)

123 4567 890 1234 5  
 ABC COMPANY  
 VEHICLE # 0987654321 12/00  
 FUEL ONLY 0000012345 7216

OFFICE USE ONLY	DATE	AMR NUMBER 407	AFFILIATION GROUP	PROMO	CLERK NO.	ACC/REJ CODE	ACCT NO	CR LIMIT
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**Please fax completed application to: 1-219-680-3499**

<b>BUSINESS NAME AND ADDRESS</b>	Full Legal Name						Est. Monthly Gallons			
	Street Address, City, State, Zip									
	Billing Address					City		State	Zip Code	
	DBA INFORMATION						DUN & BRADSTREET NUMBER			
	NAME and PHONE NUMBER OF BILLING CONTACT									
DATE BUSINESS STARTED		DATE BUSINESS INC.		E-MAIL ADDRESS		FAX NUMBER		FEDERAL IDENTIFICATION NUMBER		
<b>LEGAL STRUCTURE</b>	TYPE OF BUSINESS						IS YOUR BUSINESS TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF SO EXEMPTION CERTIFICATE MUST BE ATTACHED)			
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> DIVISION <input type="checkbox"/> SUBSIDIARY						NAME OF PARENT COMPANY			PHONE NO.
	MAILING ADDRESS OF PARENT COMPANY									
	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC						<b>IMPORTANT:</b> Please attach a separate sheet of paper detailing the Name, Address, and Social Security Number of each Partner, Proprietor, or Member			
<b>BANK</b>	NAME OF BANK			NAME OF OFFICER TO CONTACT			ACCOUNT NUMBER			
	ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER				
<b>CREDIT REFERENCES</b> <small>(established at least one year) with limits equal to your estimated monthly gallons</small>	NAME AND ADDRESS			ACCOUNT NUMBER			PHONE NUMBER			
	NAME AND ADDRESS			ACCOUNT NUMBER			PHONE NUMBER			
	NAME AND ADDRESS			ACCOUNT NUMBER			PHONE NUMBER			

### DISCLOSURE INFORMATION

The information provided to Speedway SuperAmerica LLC on this application by the applicant and information provided to Speedway SuperAmerica LLC, including any financial statement(s), is warranted to be accurate, complete and true and shall be the property of Speedway SuperAmerica LLC. Speedway SuperAmerica LLC is authorized to investigate the applicant's credit and employment history upon receipt of this application and with any subsequent update, renewal or extension of credit. Speedway SuperAmerica LLC is authorized to answer questions about its credit experience with the applicant and to furnish information about the account's credit history to reporting agencies. The applicant hereby agrees that any credit extended as a result of this application will be solely used for business purposes and will not be used for personal, family or household purposes.

I AGREE that the credit cards issued are subject to the TERMS AND CONDITIONS outlined thereon and accompanying delivery thereof, and agree to comply with those TERMS AND CONDITIONS. Use of this credit card indicates acceptance of the TERMS AND CONDITIONS.

OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**I understand that this application is subject to a credit investigation and acceptance by Speedway SuperAmerica LLC**

OFFICER'S SIGNATURE	DATE	NAME OF INDIVIDUAL COMPLETING APPLICATION
OFFICER'S PRINTED NAME	PHONE OF INDIVIDUAL COMPLETING APPLICATION	

**Number of Card(s):** \_\_\_\_\_ **Card Restriction (choose one):**  Fuel Only  Fuel & Oil Only  No Restrictions  
**Please contact me about setting up:**  Driver ID  Vehicle ID  Department/Location Information  
**Please fax completed application to: 219-680-3499 or call Cathy at 708-878-9239**