

MOTOMART ACCOUNT REQUEST

Applicant requests FKG Oil (MotoMart) establish a monthly charge account for business's fuel requirements. Applicant agrees to make payment in full upon receipt of monthly statement from MotoMart. If payment is not received within 25 days of statement date, a late fee will be assessed. Applicant also agrees to reimburse MotoMart for any collection fees, attorney fees, court costs or other expenses incurred to collect any past due balance.

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CALL 800-873-3546 x110 OR FAX 618-233-5724.

BUSINESS CREDIT INFORMATION

Full Legal Company Name of Applicant/Buyer		Phone # ()	Fax # ()
COMPANY NAME TO APPEAR ON CARDS: <input type="text"/>			
DBA	Subsidiary of	SIC Code or Type of Business	
Headquarters Name, Address and Phone #			
Accounts Payable Contact			
Billing Address	City	State	Zip + 4
Principal(s) Authorized Officer(s)		Title(s)	
In Business Since...	Monthly Fuel Expenditures	Number of Card(s) Requested	
Important: Complete this Section Accurately. Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> PC or PA <input type="checkbox"/> LLC Complete the Personal Guaranty below if this account is for, a corporation in business less that three years, a partnership, a proprietorship, a professional corporation or association or a limited liability company.			

MOTOMART®

Volume discounts...

300-999 Gallons per month	Subtract \$.01 Per gallon	1000-1999 Gallons per month	Subtract \$.02 Per gallon	2000+ Gallons per month	Subtract \$.03 Per gallon
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BUSINESS BANK AND TRADE REFERENCES

Primary Bank	Address	City	State	Zip
Bank Contact Person	Phone	Commercial Checking Account#		
Please provide three trade credit references with whom you maintain significant balances. Please don't include oil companies.				
Company Name	City, State	Contact	Phone# ()	
Company Name	City, State	Contact	Phone# ()	
Company Name	City, State	Contact	Phone# ()	

DESIGNATION OF FLEET CONTACT PERSON

The Contact Person is the individual designated by your company to receive all MotoMart Fleet Charge Cards, and is the only individual authorized to request additional cards, replacement cards or initiate the canceling of cards.

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

AUTHORIZED SIGNATURE REQUIRED

Any person signing on behalf of a business attests that the Buyer is a valid business entity and that said person is authorized to make this application on the Buyer's behalf.

Signature	Date	Print Name	Title
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FOR OFFICE USE ONLY

Account Number
