## **APPLICATION FOR THE HARRY'S FLEET CARD**

For application questions call **1-423-342-7797** 

		ccountmgmt@fleetcor.c	•	FAX Pleas		ation to <b>1-770-729-5041</b>
BUSINESS INFORMATION Required						
Legal Name of Applicant					Type of Business	Years in Business
Subsidiary or DBA					Main Telephone #	
Street Address					Email Address	
Street Address 2					Cell Phone #	
State			Zip Ci	ode	Fax #	
Billing Address (If different than above)					# of Full Time Employees	
Billing Address 2					Estimated Monthly Charges	# of Vehicles
City		State	Zip Ci	ode	Federal ID #	
Billing Contact Name & Title					Tax Exempt #	
Type of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ Government ☐ LLC					C   Other	
behalf of my company identified above ("Applicant"). Fler plicant acknowledges that this application is subject to a d any applicable program fees. Program details will be pr adde during the billing cycle are due and payable in full, in story may be reported to credit reporting agencies. Applic rees that any liability arising or resulting from the misuse paid overdue amount, the Applicant agrees to pay reason at use of the cards for consumer or household purposes count application.	proval and acceptance by FleetCor. It ovided in the account agreement tha cluding any applicable fees, upon re ant's acceptance, signing, in whatew t, unauthorized or fraudulent use, los able attorney and/or collection fees. A	this application is approved, then the Appli t will be delivered along with the cards to to beipt of the billing statement. If the Applica er form, or use of any of the cards provided s or theft of any of the cards issued to the Applicant agrees that the account will be go	icant's Authorized F the Authorized Repr int's unpaid balance d to the Applicant w company's accoun overned by Utah law	tepresentative listed above esentative. Applicant ackn e ever exceeds the establis ill constitute acceptance of t shall be fully borne, assu and that the cards are for	will be notified of the account's avail owledges that the fleet card program hed credit line, the account will incu if the terms and conditions contained med and paid by the Applicant. If Fla business/commercial use only and n	able credit limit, the acceptable payment terms & m is not a revolving credit account and that any purci or a fee and may be suspended and the Applicant's in this application and the account agreement. App eetCor uses an attorney or collection agency to colle ever used for personal or household purposes and a
I Agree to the Terms of the Application (	please check box)					
Print Name (Authorized Representative)  Title						
Telephone # Signature (Authorized Representative)						Date
BUSINESS OWNER/ACCOUNT PRIN to principal ('Principal') for this Account, if any, is per who made purchases using the Cards, and the Princip is constitutes Principal's agreement, individually, regar	sonally and unconditionally, jointly al agrees to pay such amounts acc	and severally liable with Customer, as pri ording to the terms of this Agreement. Pr	incipal and not as : rincipal is responsi	surety or guarantor, for th ble under this Agreement	e payment and performance when for all use of all of the Cards issue	due of all obligations owed on the Account, rega
Print Name (Principal)					Signature (Principal)	
Principal Street Address				Social Security #		Date of Birth
City State		State		Zip Code Home Phone		# or Cell Phone #
CARD INFORMATION						
Choose Cards	IM	PORTANT: Driver ID number	and odomet	er prompts are re	quired and must be ent	ered before transaction is comple
Information on each card	of Vehicles Dri	iver ID numbers will be auto	matically as	signed to each ca	rd.	·
Card Number   Card Description (to be embossed or	card)		Card Number	Card Description (to be	embossed on card)	
2			6 7			
3			8			
4			9			
5	additional sheet or call 1.	-908-534-7337	10			
		-908-534-7337				
5 you want more than five cards, add an		-908-534-7337				