

MEDINA COUNTY HBA

SUPERFLEET Commercial Account Application



SUPERFLEET APPLICATION <small>PLEASE PRINT (In Ink)</small>									
OFFICE USE ONLY	DATE	AMR NUMBER	AFFILIATION GROUP	PROMO	CLERK NO.	ACC/REJ CODE	ACCT NO	CR LIMIT	
		112	MEDI	9MA					

Please fax completed application to: 1-419-420-1417

BUSINESS NAME AND ADDRESS	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			

LEGAL STRUCTURE	TYPE OF BUSINESS					IS YOUR BUSINESS TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF SO EXEMPTION CERTIFICATE MUST BE ATTACHED)</small>		
	<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				IMPORTANT: Please attach a separate sheet of paper detailing the Name, Address, and Social Security Number of each Partner, Proprietor, or Member			

BANK	NAME OF BANK			NAME OF OFFICER TO CONTACT		ACCOUNT NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER		

CREDIT REFERENCES <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 LLC on this application by the applicant and information provided to Speedway LLC, including any financial statement(s), is warranted to be accurate, complete and true and shall be the property of Speedway LLC. Speedway 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 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 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: 419-420-1417 or call John at 330-961-7022