

Mannatec Driven Application for Fleet Charge Account



For more information call: Tawanna Walker @ 1-806-373-4351 ext 1280
 Email Application to: Fleet@TootnTotum.com

All fields must be completed to ensure timely processing.

Policy

Toot'n Totum - 003

BUSINESS INFORMATION - Required

<input type="text"/> Legal Name of Applicant <input type="text"/> Subsidiary or DBA <input type="text"/> / Month Estimated Monthly Fuel Usage (Dollars) <input type="text"/> Street Address Line 1 (No P.O. Boxes) <input type="text"/> Street Address Line 2 (No P.O. Boxes) <input type="text"/> Street Address City <input type="text"/> Billing Address (if different from Street Address) <input type="text"/> Billing Address City <input type="text"/> Billing Contact's First and Last Name <input type="text"/> Billing Contact's Phone Number <input type="text"/> Choose a four-digit, numeric password to be used for Customer Service <input type="text"/> How would you like to receive your statement? (check one)	<input type="text"/> Federal Tax ID (required) or SSN <input type="text"/> Main Telephone <input type="text"/> Fax Number <input type="text"/> <input type="text"/> Years in Business # of Employees Business Structure/Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Corporation</td> <td style="width: 25%;">Proprietorship</td> <td style="width: 25%;">Non-Profit*</td> <td style="width: 25%;"></td> </tr> <tr> <td>Government</td> <td>Partnership</td> <td>LLC</td> <td></td> </tr> <tr> <td>LLP</td> <td colspan="3">*Please attach state tax exemption certificate. (A fee may apply.)</td> </tr> </table> <input type="text"/> <input type="text"/> State Zip <input type="text"/> <input type="text"/> State Zip <input type="text"/> E-mail Address for Online Statements, Reports and Advanced Card Controls <input type="text"/> Cell Phone/Secondary Number <input type="text"/> Type of Business <input type="text"/> <input type="text"/> Online Paper* *A fee may apply	Corporation	Proprietorship	Non-Profit*		Government	Partnership	LLC		LLP	*Please attach state tax exemption certificate. (A fee may apply.)		
Corporation	Proprietorship	Non-Profit*											
Government	Partnership	LLC											
LLP	*Please attach state tax exemption certificate. (A fee may apply.)												

AUTHORIZED REPRESENTATIVE - Required and applicable to all applicants

FleetCor Technologies Operating Company, LLC ("FleetCor") operates the Mannatec Corporate Card Fleet card ("Mannatec") program including accounts issued by CIT Bank ("CIT"). As used in this application, "FleetCor" may refer to FleetCor acting for itself or on behalf of CIT Bank. By signing this application, I represent and warrant that I am duly authorized to request that a Mannatec account be created on behalf of my company identified above ("Applicant"). FleetCor is hereby authorized to check Applicant's credit worthiness, initially as well as from time to time, including but not limited to obtaining credit report(s), contacting the Applicant's bank, and obtaining trade references. Applicant acknowledges that this application is subject to approval and acceptance by FleetCor. If this application is approved, then the Applicant's Authorized Representative listed above will be notified of the account's available credit limit, the acceptable payment terms & method, and any applicable program fees. Program details will be provided in the account agreement that will be delivered along with the cards to the Authorized Representative. Applicant acknowledges that the fleet card program is not a revolving credit account and that any purchases made during the billing cycle are due and payable in full, including any applicable fees, upon receipt of the billing statement. If the Applicant's unpaid balance ever exceeds the established credit line, the account will incur a fee and may be suspended and the Applicant's credit history may be reported to credit reporting agencies. Applicant's acceptance, signing, in whatever form, or use of any of the cards provided to the Applicant will constitute acceptance of the terms and conditions contained in this application and the account agreement. Applicant agrees that any liability arising or resulting from the misuse, unauthorized or fraudulent use, loss or theft of any of the cards issued to the company's account shall be fully borne, assumed and paid by the Applicant. If FleetCor uses an attorney or collection agency to collect an unpaid overdue amount, the Applicant agrees to pay reasonable attorney and/or collection fees. Applicant agrees that the account will be governed by Utah law and that the cards are for business/commercial uses only and never used for personal or household purposes and agrees that use of the cards for consumer or household purposes shall be grounds for immediate termination of the Applicant's account. We comply with Section 326 of the USA PATRIOT Act. This law mandates that FleetCor verify certain information about you while processing your account application.

Telephone #	Signature (Authorized Representative)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales Rep Name/ ID	Station ID Employee ID	Internal Use

PERSONAL GUARANTY - Required for All Proprietorships, Partnerships or any other business/organizations less than two years old or having fewer than 5 employees.

Each principal ("Principal") for this Account, if any is personally and unconditionally, jointly and severally liable with Applicant, as principal and not as surety or guarantor, for the payment and performance when due of all obligations owed on the Account, regardless of who made purchases using the Cards, and the Principal agrees to pay such amounts according to the terms of this Agreement. Principal is responsible under this Agreement for all use of all the Cards issued on the Account to the fullest extent permitted by law. This constitutes Principal's agreement, individually, regarding the provisions under "AUTHORIZED SIGNATORY" above, including without limitation checking and reporting your credit and confirming your identity.

All fields below required.

Print Name (Guarantor)	Signature (Guarantor)	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Guarantor Street Address	City	State Zip
Social Security #	Driver's License and State	Home Phone -or- Cell Phone

