



SuperFleet Fueling Program Application



SUPERFLEET APPLICATION PLEASE PRINT (In Ink)									
OFFICE USE ONLY	DATE	AMR NUMBER	AFFILIATION GROUP	PROMO	CLERK NO.	ACC/REJ CODE	ACCT NO	CR LIMIT	
		713	AMG						

Please fax completed application to: 1-937-834-6164

BUSINESS NAME AND ADDRESS

Full Legal Name		Est. Monthly Gallons	
Street Address		State	Zip Code
Billing Address		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 (IF SO EXEMPTION CERTIFICATE MUST BE ATTACHED)
<input type="checkbox"/> CORPORATION <input type="checkbox"/> DIVISION <input type="checkbox"/> SUBSIDIARY	NAME OF PARENT COMPANY
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

(established at least one year) with limits equal to your estimated monthly gallons

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

For more information please call: 937-605-8972
Please fax completed application to: 937-834-6164