## **◄**Mannatec Driven

## Application for Fleet Charge Card Account

Please fax completed application to 1-800-348-7960. Marketer ID For application questions call 1-800-903-9368.

BUSINESS INFORMATION	Required								
Legal Name of Applicant					Type of I	Business	Years in	Business	
Subsidiary or DBA					Main Telephone #				
Street Address					Email Address				
Street Address 2					Cell Phone #				
City	State	Zip C	Code	Fax #					
Billing Address (If different than above)					# of Full Time Employees				
Billing Address 2					Estimated	stimated Monthly Charges # of Vehicles			
City		State		Code	Federal ID #				
Billing Contact Name & Title					Tax Exempt #				
Type of Organization:   Sole Proprietorship  Partnership  Corporation  Non-Profit  Government  ULC  Other									
AUTHORIZED REPRESENT	TATIVE Required and appl	licable to all applicants.							
ime, including but not limited to obtaining credit report(s), con tepresentative listed above will be notified of the account's a tepresentative. Applicant acknowledges that the fleet card prover exceeds the established credit line, the account will incur onstitute acceptance of the terms and conditions contained in the fully borne, assumed and paid by the Applicant. If FleetCorne cards are for business/commercial use only and never us ISA PATRIOT Act. This law mandates that FleetCor verify certar I Aggree to the Terms of the Applic	vailable credit limit, the acceptable par gram is not a revolving credit account r a fee and may be suspended and th n this application and the account agri uses an attorney or collection agency ed for personal or household purpose ain information about you while proces	ayment terms & method, and any applica tand that any purchases made during the e Applicant's credit history may be report sement. Applicant agrees that any liability to collect an unpaid overdue amount, the s and agrees that use of the cards for co ssing your account application.	ble program fees. I billing cycle are du ed to credit reportir arising or resulting Applicant agrees to	Program details will be pi e and payable in full, inclu- ng agencies. Applicant's from the misuse, unauth p pay reasonable attorney	rovided in the acc uding any applicab acceptance, signir orized or frauduler and/or collection	ount agreement that will be le fees, upon receipt of the bi ng, in whatever form, or use on t use, loss or theft of any of fees. Applicant agrees that th	delivered along with lling statement. If the of any of the cards the cards issued to e account will be g	th the cards to the Authori, he Applicant's unpaid balar provided to the Applicant to the company's account si poverned by Utah law and t	
Print Name (Authorized Representat	tive)		Title						
Telephone # Signature (Authorized Representative)					Date				
BUSINESS OWNER/ACCO	UNT PRINCIPAL	Required for all Proprietorships, Par	tnerships or any	other business/organ	ization less thar	n two years old or having	fewer than five	(5) employees.	
Each principal ("Principal") for this Account, if any, is personal purchases using the Cards, and the Principal agrees to pay su- agreement, individually, regarding the provisions under "AUTI-	ich amounts according to the terms o	f this Agreement. Principal is responsible	under this Agreem	ent for all use of all of the					
Print Name (Principal)					Signature (Principal)				
Principal Street Address				Social Securit	Social Security #			Date of Birth	
City		State		Zip Code		Home Phone # o	r Cell Phon	e #	
CARD INFORMATION									
Specify your card information here. Atta service center at www.mannatecdriven				be setup 24x7x	365 when c	ards are received	via our onlin	e customer	
Choose a four-digit, numeric password to	be used for Customer Se	rvice.							
Card Type:   Private Label			_						
			1 1		1 1		1 1		
Identification Code <sup>†</sup> (Numeric)	Name on Card <sup>††</sup> (Alpl	na-numeric Cardholder or	Vehicle* de	scription to be e	embossed o	n card)			
Card Type:   Private Label									
Identification Code <sup>†</sup> (Numeric)	Name on Card <sup>††</sup> (Alpl	ha-numeric Cardholder or	Vehicle* de	scription to be	embossed o	n card)			
Card Type: ☐ Private Label									
Identification Code <sup>†</sup> (Numeric)	Name on Card <sup>††</sup> (Alpl	ha-numeric Cardholder or	Vehicle* de	scription to be e	embossed o	n card)			

<sup>\*</sup> Vehicle cards are assigned to vehicles and are therefore limited to fuel and maintenance merchants only. These cards do not require a signature for purchase authorization. † Do not select zero (i) as first digit. †† Do not use special characters such as punctuation marks. This card is issued by CIT Bank.