



# Shell Fleet Plus

## Fleet Finder Application

**FAX:** 1-972-653-8003

**Mail:** P. O. Box 340  
Layton, UT 84401-9990

**Source Code:** ETNY

**Sales Code:** 42155402

**Discount ID:** \_\_\_\_\_

Business Name \_\_\_\_\_

Taxpayer ID Number (Required) \_\_\_\_\_

Street Address (No P. O. Boxes. Please provide physical address) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax Number

Mailing Address (If different from Street Address. P.O. Boxes accepted.) \_\_\_\_\_

Business Structure:  Corporation  Partnership  Sole Proprietor

Tax Exempt? YES \_\_\_\_\_ NO \_\_\_\_\_

Tax Exempt No. \_\_\_\_\_

Parent Company Name and Address (If different from Business Name above) \_\_\_\_\_

Your Firm's Principal Business Activities \_\_\_\_\_

Number of Employees \_\_\_\_\_

Number of years under current ownership? \_\_\_\_\_

Issue Designated Station Card?  YES  NO

If Yes, Merchant Num: \_\_\_\_\_

Name of your Bank \_\_\_\_\_ Bank City and State \_\_\_\_\_

How many Cards Needed? \_\_\_\_\_

Estimated Monthly Purchases \_\_\_\_\_

Shell Fleet Plus Card Restrictions:  Fuel Only  Fuel and Oil  Fuel, Oil, and Vehicle Related  No Restrictions

### CUSTOMER AGREEMENT

By signing below, you certify that you have read and agree to the Credit Card Disclosures and the Terms and Conditions which are attached. You also agree to be bound by the terms and conditions of the Card Agreement that will be sent with the card if credit is granted and you agree to pay all charges incurred under such terms. You further certify that all of the information provided in this application is true and correct and you are authorized to sign this application on behalf of the applicant.

Authorized Officer Name (Please print or type) \_\_\_\_\_

Title \_\_\_\_\_

Authorized Officer Signature \_\_\_\_\_

Date \_\_\_\_\_

### PERSONAL GUARANTEE

THIS SECTION MUST BE COMPLETED IF THE APPLICANT IS: (1) A SOLE PROPRIETORSHIP; (2) A PARTNERSHIP; (3) A PROFESSIONAL; (4) UNINCORPORATED OR (5) INCORPORATED FOR LESS THAN 2 YEARS OR IF THE APPLICANT HAS ANNUAL REVENUE OF LESS THAN \$1,000,000.00. For this application to be processed with your Personal Guarantee, you must provide all applicable information below.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address (No P.O. Boxes. Please provide physical address) \_\_\_\_\_

Social Security Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Birth (MM/DD/YYYY)

I understand that Citibank (South Dakota), N.A. or its agent may request my personal credit bureau report in considering this application, and for the purpose of an update, renewal, extension of credit, review or collection of this Account. In consideration of Citibank (South Dakota) N.A. extending credit to applicant in order to make purchases from Shell under the terms of the Card Agreement which will be sent with the card if credit is granted, I agree to personally guarantee payment of the debt, including any reasonable attorney's fees, arbitration, court or other collection costs as permitted by law and as incurred. In the event of any default I agree that Citibank (South Dakota), N.A. can enforce this guarantee, without first proceeding against the applicant, until the governing Card Agreement has been terminated and all amounts due have been paid. I waive all notice regarding the governing Card Agreement and this guarantee. I agree to guarantee payment even if the terms of the governing Card Agreement are changed. I understand that any negative information including failure to make required payments on the Account may be reported to the appropriate reporting agency

Personal Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone Number

## SHELL FLEET PLUS CARD INFORMATION

<b>Payment Terms</b>	Due in full each month
<b>Grace period for repayment of balance for purchases</b>	At least 25 days if you pay the total new balance by the due date every billing period. If you do not, you will not get a grace period.
<b>Monthly Fee</b>	\$10.00 if monthly purchases fall below \$1000. Waived for the first year.
<b>Late fee</b>	The greater of \$10 or 2% of the account balance as of the payment due date.
The Shell Fleet Plus Credit Card Disclosures are accurate as of August 19, 2009. To find out what may have changed after that date, write to us at: Processing Center, P.O. Box 340, Layton, UT 84041-9990.	

**When can we change the rates, fees, and terms of your card agreement?** We may change the rates, fees, and terms of your card agreement at any time, for any reason. These reasons may be based on information in your credit report or general market conditions. If the change will cause a rate or fee to increase, you will receive advance notice and a right to opt out.

### TERMS AND CONDITIONS OF OFFER

- This account is only for business or commercial purposes. It is not for personal, family or household purposes. Citibank (South Dakota), N.A. ("we" or "us") is the issuer of your account.
- Federal law requires us to obtain, verify and record information that identifies each person who opens an account, in order to help the government fight the funding of terrorism and money laundering activities. To process the application, we must have your name, street address, taxpayer identification number, and other identifying information, and we may ask for identifying documents as well.
- We may gather information about you or any guarantor, including from your employer, your bank, credit bureaus, and others, to verify your identity and determine your eligibility for credit, renewal of credit, and future extensions of credit. If you ask us, we will tell you whether or not we requested a credit bureau report, and the names and addresses of any credit bureaus that provided us with such reports.
- You authorize us to share with the retailer for whom this card is issued, and its affiliates, experiential and transactional information regarding you and your account.
- To receive a Shell Fleet Plus Card, you must meet our credit qualification criteria. Your credit limit will be determined by a review of your credit report and, in some instances, a review of such other financial information as we may ask you to provide. You will be informed of the amount of your credit line when your account is opened.
- If you are approved for credit, you will receive a card agreement with your card(s).

### OPTIONAL ACCOUNT SET-UP TO TRACK DRIVERS AND/OR VEHICLES

**DRIVER LISTING:** You may assign your own drivers' I.D. numbers or leave blank and we'll assign them.

Driver Name (Last, First, MI)	Driver ID (4 to 6 Digits)	Driver Name (Last, First, MI)	Driver ID (4 to 6 Digits)
EXAMPLE: Driver, John Q	1234		

**VEHICLE LISTING:** You may assign your own Vehicles' numbers or leave blank and we'll assign them.

Dept #	License Tag	Company Assigned Vehicle Number	Registration State	Vehicle Description			Odometer		Fuel Only	
				Year	Make	Model	Yes	No	Yes	No
Ex: Sales	ABC DEF	001234	TX	2008	Ford	F-150	Yes		Yes	

### ACCOUNT SET-UP OPTION

Issue Cards to Vehicle(s) and prompt for

Driver       Odometer

OR, issue Cards to Driver(s) and prompt for

Vehicle       Odometer