

HAN-DEE HUGO'S FLEET SERVICES ACCOUNT APPLICATION

Applicant - Please read the following before completing this form: **1)** The undersigned applicant/buyer ("Applicant") represents that the information given in this application is complete and accurate and authorizes Card Issuer to check with credit reporting agencies, credit references and other sources disclosed to confirm information given; **2)** Applicant requests a business charge account, if approved for credit, and one or more business charge cards from the card issuer, which is Wright Express Financial Services Corporation ("Card Issuer"); **3)** Applicant agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the business charge card(s). Use of any card issued pursuant to this application confirms Applicant's agreement to said terms and conditions; **4)** If this Account is for a partnership or a proprietorship, a partner or principal must sign this application and the undersigned's personal credit will be used in making a credit decision and they hereby authorize Card Issuer to obtain a consumer report. In the event that this application is denied based upon information contained in a consumer credit report of the undersigned, they authorize the Card Issuer to report the reason for the denial to the Applicant. Direct inquiries of businesses where the undersigned maintains accounts may also be made; **5)** Applicant agrees that in the event the account is not paid as agreed, Card Issuer may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. If you have any questions regarding this application, please call 1-866-841-3551.

BUSINESS CREDIT INFORMATION

Full Legal Company Name of Applicant / Buyer Phone # FAX #
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COMPANY NAME TO APPEAR ON CARDS:

Write company name in the boxes above as you wish it to appear on your cards. No company name will appear on your cards unless specified in the boxes. Leave blanks for spaces.

DBA or AKA Subsidiary of Taxpayer Identification Number (TIN/EIN/SSN)

Headquarters Name, Physical Address (Do not include PO BOX), and Phone # SIC Code or Type of Business

Billing Contact Billing Address City State Zip+4

Principal(s)/Authorized Officer(s) Title(s)

In Business Since	Year of Incorporation	Fiscal Year Start	Average Monthly Service Expenditure \$	Average Monthly Service Expenditures \$	Number of Vehicles for this program
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Choose Card Type(s) All Fuel Only All Unrestricted Some of Each

Primary Business Bank Address City State Zip

Bank Contact Person Phone # Commercial Checking Account #
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Designate the person authorized to receive all charge cards, reports, and other such information we provide from time to time and to take actions with respect to your account and account access. This is also the person designated by your company to provide all fleet vehicle, driver and other information we may request.

Authorized Contact Name Title Phone # FAX #
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Mailing Address (if different from billing address) City State Zip+4

Email Address

Check here if business is exempt from motor fuels tax (Sales representative will provide further details.)

If your estimated monthly fuel expenditures equal \$6,600 or more, please attach your most recent annual and current financial statements.

Important: Complete this Section Accurately. Check One: Corporation Partnership Proprietorship PC or PA LLC

Complete the Personal Guaranty below if this account is for a business that has been incorporated less than three years, a partnership, a proprietorship, a professional corporation or association, or a limited liability company.

PERSONAL GUARANTY (SEE ABOVE)

In consideration of Card Issuer financing purchases under the Business Charge Account Agreement (as the same may hereafter be modified, extended or amended, "the Agreement"), the undersigned guarantor ("Guarantor") hereby agrees to unconditionally personally guarantee payment and performance under any account established pursuant to this application, of any obligation of Applicant to Card Issuer or any assignee of Card Issuer, in the event the above Applicant fails to do so. This is a guaranty of payment and not merely of collection. Guarantor agrees to pay, upon demand, any amount owed by Applicant to Card Issuer and due under the Agreement. Card Issuer shall not be required to initiate any action against, nor exhaust any remedies with respect to Applicant or any other guarantor prior to making demand upon Guarantor. Guarantor hereby waives any notices regarding Applicant's account or this guaranty and agrees that this guaranty shall be applicable until the Agreement has terminated and all amounts due have been paid in full. Guarantor agrees that in the event the account is not paid as agreed, Card Issuer may report Guarantor's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. Guarantor hereby agrees that Card Issuer may extend the time for payment and release any other security for the agreement without affecting in any way the obligations of Guarantor. Guarantor waives any and all suretyship defenses. Personal credit of Guarantor will be used in making a credit decision and Guarantor hereby authorizes Card Issuer to obtain a consumer credit report of Guarantor. Direct inquiries of businesses where the undersigned maintains accounts may also be made. In the event this application is denied based upon information in a consumer credit report of Guarantor, Guarantor authorizes the Card Issuer to report the reason for the denial to Applicant.

Guarantor's Signature Print Name Date of Birth Social Security No.
X

Physical Address: street, city, state, zip (Do not include PO Box) Phone # Date
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Program Fees: \$40 one-time account setup fee, \$2.00 per month, per card.
Account setup fee and monthly card fees waived if you apply before September 29, 2006.
Fax completed and signed application to 1-800-374-4568.

AUTHORIZED SIGNATURE REQUIRED

INFORMATION SHARING CLAUSE: Card Issuer or its Affiliates may, to the extent allowed by law, disclose to the other party and to its merchants who honor the card, information disclosed or generated through this application.

Any person signing on behalf of a business attests that the Buyer is a valid business entity and that said person is authorized to make this application on the Buyer's behalf.

Signature Date Print Name Title
X

FOR OFFICE USE ONLY

Opportunity Number:	Sales Code:	Plastic Type:	Coupon Code:	Account Number:
	10200051	AF3D	HHW	0453

Our bank complies with Section 326 of the USA PATRIOT Act.

This law mandates that we verify certain information about you while processing your account application.