

Program Highlights

Enhanced Fleet Restrictions:

Cards can have limits set up for either transaction dollar limits, gallon limits or # of transactions per day, can be set up and managed on-line 24-7 by individual card or set for entire account, and changed as often as you like. Odometer variances available for cards assigned to vehicles.

Transaction Viewing:

Via web access can be viewed within 15 minutes of card use, aids in driver tracking and fraud/theft/card loss detection.

Driver Identification/activation/deletion:

Driver Identification Validation for security and tracking purposes, can be added or deleted via web access and updated every 15 minutes.

Pricing:

No annual or monthly fees!!!
Volume Discount of 10¢ / gallon at Speedway or Rich Oil locations, plus a 5¢ / gallon discount at Marathon purchases for your first 90 days. Then receive volume discounts of up to 5¢ / gallon at Speedway, Rich Oil and Marathon locations .

Questions:

Email [Tom Farnham](mailto:Tom.Farnham) or call (989) 615-2736

Customer Services:

Local representative to assist with account/card set-up,
Toll free assistance 1/800-428-4016 number on the back of each card

Reporting:

Free monthly or weekly fleet report detailing every specific transaction, time, date, quantity, price etc. to aid in fraud detection. Web access allows for any variety of reports to be generated on demand into excel format.

Acceptance:

Over 1,200 locations in Michigan and national acceptance at over 7,000 locations.
The SuperFleet card is accepted at all Speedway, Rich Oil, Marathon, Pilot Travel Centers & Valvoline Instant Oil Change locations.

Next Steps:

*Simply fill the account application below and fax
To: 989.837.8604*

SuperFleet[®]



4630428962

Superfleet Application

If you have any questions please contact Customer Service at 1-800-428-4016.
Our Fax Number is 937-863-6724 or email us at CustomerService@SuperFleet.net
Please complete in BLACK or BLUE ink.

Office Use Only	AMR No	Affiliation Grp.	Promo	Clerk No
-----------------	--------	------------------	-------	----------

Full Legal Name of Business _____

DBA of Business, if applicable _____

Street Address Line 1 _____

Street Address Line 2 _____

City _____ State _____ Zip Code _____

Est. Monthly Gallons* _____

Est. Monthly Dollars* _____

*** ONE OF THESE FIELDS ARE REQUIRED**

Contact First Name _____ Contact Last Name _____

Business Phone Number _____ Business Fax Number _____ Date Business Started _____

Contact Email Address _____ Date Business Incorporated _____

Type Business _____ Federal ID Number _____

Legal Structure? Corporation LLC Partnership** Proprietorship**

Is your business tax exempt? If so, please attach your exemption forms. Yes No

**Please attach a separate sheet of paper detailing the Name, Address, and Social Security Number of each Partner, Proprietor, or Member and sign the "Proprietor" box.

Name of the Bank _____

Name of Officer to Contact _____

Account Number _____ Phone Number (____) _____-____

BANK INFORMATION

CREDIT REFERENCES (established at least one year) with credit limits equivalent to your estimated monthly gallons)

Name _____	Phone Number (____) _____-____
Account Number _____	Fax Number (____) _____-____
Name _____	Phone Number (____) _____-____
Account Number _____	Fax Number (____) _____-____
Name _____	Phone Number (____) _____-____
Account Number _____	Fax Number (____) _____-____

The information provided to Speedway LLC on this application by the applicant and information provided to Speedway LLC, including any financial statement(s), is warranted to be accurate, complete and true and shall be property of Speedway LLC. Speedway 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 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 used solely 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 history 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 LLC.

Officer or Proprietor/Partner's Signature _____ Date _____ Proprietor/Partner's Social Security # _____

Signer's Printed First Name _____ Signer's Printed Last Name _____

Please fax completed application to: 989-837-8604

4630428962

Superfleet Application

If you have any questions please contact Customer Service at 1-800-428-4016.
Our Fax Number is 937-863-6724 or email us at CustomerService@SuperFleet.net
Please complete in BLACK or BLUE ink.

Office Use Only	AMR No	Affiliation Grp.	Promo	Clerk No
-----------------	--------	------------------	-------	----------

Full Legal Name of Business _____

DBA of Business, if applicable _____

Street Address Line 1 _____

Street Address Line 2 _____

City _____ State _____ Zip Code _____

Est. Monthly Gallons* _____

Est. Monthly Dollars* _____

*** ONE OF THESE FIELDS ARE REQUIRED**

Contact First Name _____ Contact Last Name _____

Business Phone Number _____ Business Fax Number _____ Date Business Started _____

Contact Email Address _____ Date Business Incorporated _____

Type Business _____ Federal ID Number _____

Legal Structure? Corporation LLC Partnership** Proprietorship**

Is your business tax exempt? If so, please attach your exemption forms. Yes No

**Please attach a separate sheet of paper detailing the Name, Address, and Social Security Number of each Partner, Proprietor, or Member and sign the "Proprietor" box.

Name of the Bank _____

Name of Officer to Contact _____

Account Number _____ Phone Number (____) _____-____

BANK INFORMATION

CREDIT REFERENCES (established at least one year) with credit limits equivalent to your estimated monthly gallons)

Name _____	Phone Number (____) _____-____
Account Number _____	Fax Number (____) _____-____
Name _____	Phone Number (____) _____-____
Account Number _____	Fax Number (____) _____-____
Name _____	Phone Number (____) _____-____
Account Number _____	Fax Number (____) _____-____

The information provided to Speedway LLC on this application by the applicant and information provided to Speedway LLC, including any financial statement(s), is warranted to be accurate, complete and true and shall be property of Speedway LLC. Speedway 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 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 used solely 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 history 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 LLC.

Officer or Proprietor/Partner's Signature _____ Date _____ Proprietor/Partner's Social Security # _____

Signer's Printed First Name _____ Signer's Printed Last Name _____

Please fax completed application to: 989-837-8604