

# CSI MasterCard® Corporate Fleet Card

*Accepted Everywhere Your Fleet Operates*



## CSI MasterCard® Corporate Fleet Card For BlueVend Car Wash Merchants

### Program Guidelines/Client Benefits:

- Reduced Monthly Card Fee \$1.00  
*(Special Offer for BlueVend Customers Only)*
- One Time Reduced Set Up Fee \$50.00  
*(Special Offer for BlueVend Customers Only)*
- 30,000 fuel rebate locations nationwide
- FREE access to Smart Buy—online best fuel price locator (Savings up to 15%)
- Full Access to Online Fleet and Transaction Reporting - NO FEES
- Access to “Real Time” Transaction Reporting Tools- NO FEES
- Full Access to Online Account Maintenance Tools - NO FEES
- New/Replacement Card Setup – NO FEES
- New/Replacement Card Shipping – 2<sup>nd</sup> Day FedEx
- 800# Customer Service 24/7 – NO FEES ACCESS
- National Account Support Personnel Available during Regular Business Hours (8:00 – 5:00 CST)

CSI MasterCard®  
Corporate Fleet Card  
239-947-5169  
866-921-FUEL  
FAX: 239-498-5434



Visit Us At: [www.csifleetfuel.com](http://www.csifleetfuel.com) or call 1-866-921-FUEL  
If requesting an online application, enter Promo Code: BLUEVEND

# CSI MasterCard® Corporate Fleet Card BlueVend CREDIT APPLICATION

**APPLICANT INFORMATION:** \_\_\_\_\_

Company Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (If different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Billing Attention to \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Annual Sales (\*Required) \_\_\_\_\_ Year in Business \_\_\_\_\_ Years in Control \_\_\_\_\_ Business Type: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Number of Vehicles \_\_\_\_\_ Number of Employees \_\_\_\_\_ Net Worth (\*Required) \_\_\_\_\_

Have you ever had or applied for a CSI or Comdata account? Yes or No (circle one) \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ LLC \_\_\_\_\_

I am interested in ordering cards for: \_\_\_\_\_ Fuel Only \_\_\_\_\_ Fuel & Automotive Maintenance \_\_\_\_\_ Fuel & Corporate Purchasing \_\_\_\_\_

**KEY PERSONNEL:** (Must Complete A, B and/or C—depending upon type and sales)

**A) ALL Corporations or LLC's. (\*Required)**

President \_\_\_\_\_ Controller \_\_\_\_\_

Incorporated in: (Year) \_\_\_\_\_ State of \_\_\_\_\_

*\*Unsecured credit may require financial statements and your most recent interim statement.*

**B) Partnership, Sole Proprietorship, Small Corporation or LLC (annual sales equal or less than \$5,000,000)**

Principal Owners \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # & State Issued \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Principal Owners \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # & State Issued \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**C) PERSONAL GUARANTY: Businesses 3 Years & Newer Must to Complete This Section**

In consideration of credit to be given to Applicant if this Application is approved, each undersigned guarantor ("Guarantor") unconditionally guarantees the full and prompt payment and performance when due of all obligations under any Comdata account established pursuant to this Application. Guarantor's liability is unlimited and includes all costs of collection and reasonable counsel fees. This is a guaranty of payment, and Guarantor agrees to pay, upon demand, all sums and obligations then owing by the Applicant, without any obligation of Comdata to first resort to or exhaust its remedies against the Applicant or any other guarantor or any collateral. Guarantor waives notice of acceptance of this guaranty, and waives presentment, demand, notices of default, and all other notices or demands regarding the Comdata account and this guaranty. The Guarantor further waives any and all defenses the Guarantor might have by reason of any extension of time given to the Applicant, or the acceptance by Comdata of other security, guarantees, or collateral release or modifications made with respect to the Applicant's indebtedness. This guaranty shall not be affected by the amount of credit extended under the Comdata account or by any change in the form of said indebtedness, nor by an extension or renewal of said indebtedness. This is a continuing guaranty and shall continue in full force and effect until terminated and all amounts owing by the Applicant for which Guarantor is liable have been indefeasibly paid in full.

Guarantor's signature \_\_\_\_\_ Guarantor's Printed Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Guarantor's signature \_\_\_\_\_ Guarantor's Printed Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

**BANKING REFERENCE: (\*Required) \*PLEASE FAX A VOIDED CHECK COPY ALONG WITH THIS CREDIT APPLICATION**

Bank Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

By signing below, Applicant hereby authorizes its banking reference to release its credit history and credit information to Comdata Network, Inc. for purposes of credit evaluation, and Applicant gives Comdata permission to obtain credit reports to check Applicant's credit standing. Please attach a copy of Applicant's current financial statement. If requested by Comdata, Applicant agrees to furnish additional financial information. Additionally, each undersigned individual, as an officer, principal, partner or sole proprietor of Applicant, recognizes that his/her individual credit history may be a factor in the evaluation of the credit history of Applicant and does hereby consent to and authorize the use of his/her consumer credit report by Comdata from time to time as needed in the credit evaluation process. All financial information will be kept confidential.

This application does not entitle Applicant to receive an extension of credit from Comdata. By signing below, each individual affirms that all information stated in this application is true and correct to the best of his/her knowledge.

Signature & Title (Principal Owner or Company Officer Must Sign) \_\_\_\_\_ Signature & Title (Principal Owner or Company Officer Must Sign) \_\_\_\_\_

Name (Printed) & Date \_\_\_\_\_ Name (Printed) & Date \_\_\_\_\_

Please complete this application in its entirety. Failure to do so will delay the processing of this application. Fax Application to: 239-498-5434

**CSI MASTERCARD® CORPORATE FLEET CARD AGREEMENT- BLUEVEND PROGRAM**

This Agreement is made and entered into by and between Comdata Network, Inc. ("Company") and the Customer named below, relating to the establishment of a CSI Universal Fleet Card account with Company pursuant to the terms and conditions set forth herein.

**1. Nature of Account and Card Use:** Company will provide Customer with an account through the use of which Customer may access the financial information and other services provided for herein ("Account"). In connection with the Account, Company, in accordance with Customer's request, shall provide special MasterCard Corporate Cards® ("Cards"), which are issued by AmSouth Bank, headquartered in Birmingham, Alabama, or another financial institution ("Issuing Bank"). Customer represents that it is either a governmental, non-profit or commercial business enterprise and agrees that the Account is for business purposes only, and any Card(s) issued under the Account will not be used for personal, family or household purposes. Further, the Account and Card(s) may be used only for valid and lawful purposes. If Customer uses, or allows someone else to use, the Card(s) or Account for any other purpose, Customer shall be responsible for such use and may be required to reimburse Company, the Issuing Bank, and MasterCard International Incorporated ("MasterCard") for all amounts or expenses either Company, the Issuing Bank or MasterCard pays as a result of such use. All Cards issued to Customer shall remain the property of the Issuing Bank and must be returned upon request. Company or the Issuing Bank may cancel, revoke, repossess or restrict the use of Cards at any time.

**2. Credit Limit:** Company will advise Customer of its available credit limit for the Account, as the same may be changed from time to time, and may require security for the performance of Customer's payment obligations. Customer shall not allow its unpaid balance, including fees and other charges on the Account, to exceed its credit limit. If Customer exceeds its credit limit, then Company may request immediate payment, suspend service, and charge additional service fees, including, without limitation, an over limit fee of \$50.00 and an Account reinstatement fee of \$15.00.

**3. Payment Terms:** (a) Customer shall be responsible for credit extended on the Account. The total amount shown on each Account statement is due and payable by the due date shown on the statement. This amount includes current transactions, applicable fees as set forth below, applicable service fees, amounts past due, late payment charges, charges for returned checks and other applicable charges. For international transactions, the transaction amount includes a MasterCard cross-border fee of 80 basis points and a MasterCard currency conversion assessment fee of 20 basis points. Customer agrees to pay a late payment charge on past due balances of \$75.00 or the maximum amount permitted by applicable law, whichever is less. Company reserves the right to charge a returned check fee of \$20.00 or the maximum amount permitted under applicable law, whichever is less. (b) In the event that Company engages the services of a collection agency or an attorney to preserve, protect, enforce or defend its rights under this Agreement or relating to use of the Cards, Customer agrees to pay all such costs, fees and expenses of such agency or attorney, including, without limitation, court costs and out-of-pocket expenses.

**4. Statements and Reporting:** Billing statements and reports are available on-line. At Customer's request, Company will provide paper copies of billing statements and reports for a fee of \$20.00 per billing cycle. Customer understands and agrees that Company may filter data received from merchants from time to time as necessary to provide complete reporting information to Customer. Company will charge Customer an account maintenance fee of \$1.50 per transaction for performing any card maintenance transaction through a customer service representative that affects the status of a particular card and for credit limit or current day activity inquiries by Customer.

**5. Credit Information:** Customer authorizes Company to make any credit investigations Company deems necessary or appropriate and to request reports from credit bureaus in connection with this Agreement or any update, renewal or extension of credit. Company may furnish information with respect to Customer's Account to credit bureaus or others who may properly receive such information.

**6. Change of Terms; Termination:** Company may change the terms of this Agreement at any time. Company will notify Customer of any changes. Retention or use of the Account and Cards after the effective date of any change will constitute acceptance of the new terms. If Customer does not agree to any such change, Customer may end this Agreement by notifying Company before the effective date of the change, returning all Cards to Company and paying what is owed under the terms of this Agreement. Either party may terminate this Agreement at any time by written or telephone notice to the other party.

**7. Disputed Items:** Customer must notify Company in writing of any disputed item on Customer's billing statement within sixty (60) days from the date of the billing statement, or it will be deemed undisputed and accepted by Customer. Unless required by law, Company is not responsible for any problem Customer may have with any goods or services charged on the Account. If Customer has a dispute with a merchant, Customer must pay Company and settle the dispute directly with the merchant. Company is not responsible if any merchant refuses to honor the Card.

**8. Default and Remedies:** In the event of Customer's default under this Agreement, including, without limitation, failure to comply with the credit limit and payment terms provisions hereof, Company shall have the right to immediately suspend the Account until such breach is cured. In the event any such breach or default is not cured within a reasonable period of time, then Company may thereafter terminate this Agreement. Customer's obligation to pay for all outstanding amounts on the Account incurred before the effective date of termination shall survive termination.

**9. Lost or Stolen Cards:** Customer agrees to notify Company immediately of any loss, theft or unauthorized use of the Account or of any Card. Except as set forth in this Section 8, Customer understands that it is liable for unauthorized use of the Account and Cards. Customer will not be liable for unauthorized charges that occur after Customer notifies Company of the loss, theft or possible unauthorized use of the Account or a Card issued to Customer.

**10. Limitation of Liability:** Company shall not be liable to Customer for any loss or damages sustained by Customer as a result of delay in servicing a transaction request, delay resulting from equipment failure or transmission failure, act of god or any other cause not within the reasonable control of Company. IN NO EVENT SHALL COMPANY BE RESPONSIBLE FOR CONSEQUENTIAL, SPECIAL, INCIDENTAL OR PUNITIVE DAMAGES, REGARDLESS OF WHETHER COMPANY WAS MADE AWARE OF THE POSSIBILITY OF SUCH DAMAGES. COMPANY MAKES NO REPRESENTATIONS OR WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

**11. Liability of Acts of Customers, Employees and Agents:** Customer agrees to hold Company harmless from any and all liability resulting from the acts of any employees or agents of Customer, which acts shall include but are not limited to negligent acts of such persons.

**12. Miscellaneous:** This Agreement shall be governed by the laws of the State of Tennessee without regard to the choice of law rules of such state. Any action to enforce or interpret this Agreement shall be brought in the appropriate judicial forum located in Nashville, Davidson County, Tennessee, and Customer does hereby consent to such jurisdiction and waives any objections thereto. No waiver by either party of any breach of any provision of this Agreement to be performed by the other party shall be construed as a waiver of any succeeding breach of the same or any other provision of this Agreement. This Agreement together with changes that may be in effect from time to time constitutes the entire agreement of the parties relating to this subject matter. This Agreement is for the benefit of Company, its successors and assigns, and may be assigned by Company without the consent of the Customer. Customer may not transfer or assign this Agreement without the prior written consent of Company. Customer shall return the originally executed copy of this Agreement to Company as soon as possible. Notwithstanding the foregoing, Customer acknowledges and agrees that electronic records and signatures and facsimile copies of signatures shall have the full legal effect of writing. Applicant authorizes Company to share certain account information with CSI, including but not limited to credit limit and card usage information, and permits CSI to use such information.

**Account Fees:** Customer shall pay to Company a fee as follows: \$1.00 Per Card per Month & "Onetime" CSI initiation fee: \$50.00

**Preferred Network Access:** Customer shall pay to Company \$1.00 per Card transaction at Preferred Company A, B, and C locations

**THIS AGREEMENT IS SUBJECT TO CREDIT APPROVAL BY COMPANY.**

ACCEPTED AND AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 2010

COMPANY NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

**RETURN APPLICATION BY FAX: 239-498-5434**

# CSI MasterCard® Corporate Fleet Card - BlueVend APPLICATION CHECKLIST & SETUP

**ENSURE ITEMS 1-6 ARE COMPLETED BELOW AND  
RETURN APPLICATION BY FAX: 239-498-5434**

***PLEASE REVIEW all items prior to submitting your application***

The CSI MasterCard® Corporate Fleet Card is universally accepted at over 180,000 gas/diesel locations – including all major & independent national truck stops and travel centers!

**SPECIAL NOTE:** As part of the BlueVend Program, we have supplied you with an application that allows access to the travel center/truck stop network. Please contact us at 1-866-921-FUEL should you like to review the benefits of this preferred network (Referenced on the Card Agreement as Preferred A, B, & C Locations)

- 1) **INDICATE THE CREDIT LINE REQUEST** (Estimated at 5 weeks card purchases)  
\$ \_\_\_\_\_
- 2) **SUBMIT A COPY OF PHONE BILL AND BUSINESS VERIFICATION\*\***  
A phone bill is used to verify phone number on the application AND a business license or documentation verifying the business is required.
- 3) **COMPLETE CREDIT APPLICATION & CARD AGREEMENT:**
- Section A, B and/or C completed depending on type of business and sales.
  - Include physical street address of business.
  - If your company has been in business for 3 years or less you **MUST** include owner(s) information in Section B & C as a Personal Guaranty may be required. The owner(s) must also provide their signature.
- 4) **SUBMIT A COPY OF A VOIDED CHECK\*\***
- A voided check is used to verify banking information and is **NOT** used to establish a method of payment.  
\*\*Voided check and banking reference is required with any new application.
- 5) **FINANCIAL STATEMENTS \*\***
- \*\*If your credit line request is greater than \$20,000, please provide previous years' completed financial statements along with most recent interim balance sheet & income statement.
- 6) **CARD ORDER FORMS—REQUIRED IF ORDERING 5 or LESS CARDS**
- **ONLY** Complete and Return One of these forms unless you desire a combination of cards
  - **DRIVER CARD FORM**—Embosses the Driver Name on the card and prompts for a PIN or Vehicle ID & Mileage at the pump (*This option recommended and offers additional purchasing flexibility if desired*)
  - **VEHICLE CARD FORM**—Embosses the Vehicle # on the card and prompts employees for PIN & Mileage at the pump.

**Fax 239-498-5434 or  
Email [newapp@csicorporatecard.com](mailto:newapp@csicorporatecard.com)**

DRIVER CARD ORDER FORM — Return w/Application by Fax: 239-498-5434 CSI MasterCard® Corporate Fleet Card—BlueVend

COMPANY NAME CURRENT MAILING ADDRESS CITY STATE ZIP

By Filling out this form, you are electing to emboss the DRIVER NAME on your cards and prompt your drivers at the pump for a PIN # & Odometer Read or Vehicle # & Odometer Read.  
**SPECIAL NOTE:** Company Name as Spelled above will be embossed on each card listed below. Defaults will be added if limits on Spend and Transactions are not provided.

Tie Code: 3837

1

Required	Required	Optional	Required	Required *default	Optional *default	Optional *default	Optional *default	Optional	Optional
Last Name	First Name	M.I.	Driver Pin (4, 5, or 6 Digits) Or Vehicle ID— Complete Section 3	“F” for fuel only, “M” for fuel & maintenance or “C” for Corporate Purchasing	Enter Number of Transactions per day allowed	Enter weekly or monthly spend limit allowed	Lock transactions to pay-at-pump ONLY (no in-store purchases): Indicate “Yes” or “No”	Indicate Valid Days Ex: M-F, Sat, Sun	Indicate Valid Times: Ex: 6:00 am—6:00 pm
EX: Doe	John	R		M*	4*	\$700-weekly*	No*	M-F	ALL

2

List Authorized officer from page 2 & 3 AND account managers to have access to this account online & through our toll free customer service center (24/7)

Required	Required	Required	Required	Required
Name	Email address	Phone number	Security Level: (Full access or reporting only)	Personal password- **passwords must be different

3

Complete only if prompting for vehicle ID at pump in lieu of a driver PIN above: (This option will provide tracking to the vehicle in addition to the driver)

Required	Optional	Optional	Required	Optional	Optional
Vehicle ID (4, 5, or 6 digits only)	Vehicle Description	Vehicle Identification #	Vehicle ID (4, 5, or 6 digits only)	Vehicle Description	Vehicle Identification #

VEHICLE CARD ORDER FORM — Return w/Application by Fax: 239-498-5434 CSI MasterCard® Corporate Fleet Card—BlueVend

COMPANY NAME CURRENT MAILING ADDRESS CITY STATE ZIP

By Filling out this form, you are electing to emboss the DRIVER NAME on your cards and prompt your drivers at the pump for a PIN # & Odometer Read or Vehicle # & Odometer Read.  
**SPECIAL NOTE:** Company Name as Spelled above will be embossed on each card listed below. Defaults will be added if limits on Spend and Transactions are not provided.

Tie Code: 3837

1

Required	Optional	Optional	Required *default	Optional	Optional *default	Optional *default	Required *default	Optional
Vehicle Number (4,5, or 6 digits)	Vehicle Description	VIN #	"F" for fuel only, "M" for fuel & maintenance	Enter Number of Transactions per day allowed	Enter weekly or monthly spend limit allowed	Lock transactions to pay-at-pump ONLY (no in-store purchases): Indicate "Yes" or "No"	Indicate Valid Days Ex: M-F, Sat, Sun	Indicate Times: Ex: 6:00 am—6:00 pm CST
EX: 0001	Ford F -250	F1234GH789HI	M*	4*	\$700-weekly*	No*	M-F	ALL

2

List Authorized officer from page 2 & 3 AND account managers to have access to this account online & through our toll free customer service center (24/7)

Required	Required	Required	Required	Required
Name	Email address	Phone number	Security Level: (Full access or reporting only)	Personal password- **passwords must be different

3

Indicate drivers allowed to use this program and a unique 4, 5, or 6 digit driver ID for each driver (driver's are prompted at the pump to enter their driver ID)

Required	Required	Required	Required	Required	Required
Driver ID (4, 5, or 6 digits only)	First Name	Last Name	Driver ID (4, 5, or 6 digits only)	First Name	Last Name