WEX® MERCHANT CHARGE CARD AGREEMENT APPLICATION

Please read the following before completing this form: 1) The undersigned merchant ("Merchant") represents that the information given in this application is complete and accurate and authorizes WEX Inc. on its behalf and as settlement agent on behalf of its approved card issuers ("WEX") to check with credit reporting agencies, credit references, and other sources to confirm information given; 2) Merchant agrees to provide additional financial information to WEX upon request; 3) Merchant requests approval of this WEX Merchant Charge Card Agreement Application ("Application"); 4) Merchant agrees to the terms and conditions set forth in the WEX Merchant Charge Card Agreement ("Agreement") provided with this Application and incorporated herein by reference; 5) If this application is for a general partnership or a proprietorship, WEX may obtain and use personal credit information (including consumer reports from consumer reporting agencies) about the individual partners or owners of the Merchant in making a credit decision, and in the administration of this program, to the extent permitted by law; 6) Merchant agrees that in the event the Merchant does not meet its obligations pursuant to the Agreement, WEX may report the Merchant's liability (as well as any general partner or proprietor's) liability for and the status of the account to credit bureaus and others who may lawfully receive such information.

SECTION 1 – MERCHANT INFORMATION		
Full Legal Company Name	Taxpayer ID #	
DBA Name	Location Contact	
Full Business Address (number and street, city, state, zip)		Business Phone
Full Mailing Address (number and street, city, state, zip)		Contact Phone
Email Address		
Do you sell fuel?	Dealer/Location Code	
Primary Service (check one) ☐ Auto Body ☐ Car Wash ☐ Dealership ☐ Glass ☐ Mechanical		
□Oil Change/Lube □Parts □Road Services □Tires		
SECTION 2 - BENEFICIAL OWNERS		
Federal regulations now require all banks to verify the ownership of business when they open a new account. The info provided on this form is for validation or consumer verification only. It will not affect personal credit or imply liability. Identify up to four beneficial owners of this business, or individuals (if any) who own 25 percent or more of the equity interests.		
Beneficial Owner 1		
First Name	Last Name	
Date of Birth (mm/dd/yyyy)	Social Security #	
Residential Address (number and street, city, state, zip; no P.O. boxes)		
Beneficial Owner 2		
First Name	Last Name	
Date of Birth (mm/dd/yyyy)	Social Security #	
Residential Address (number and street, city, state, zip; no P.O. boxes)		

SECTION 2 - BENEFICIAL OWNERS (cont.)		
Beneficial Owner 3		
First Name	Last Name	
Date of Birth (mm/dd/yyyy)	Social Security #	
Residential Address (number and street, city, state, zip; no P.O. boxes)		
Beneficial Owner 4		
First Name	Last Name	
Date of Birth (mm/dd/yyyy)	Social Security #	
Residential Address (number and street, city, state, zip; no P.O. boxes)		
WEX® BANKING AUTHORIZATION		
Merchant hereby authorizes and requests WEX to make payments of amounts owing to Merchant by WEX by initiating credit entries to Merchant's demand deposit account at the Bank indicated below ("Merchant's Bank"), and authorizes and requests Merchant's Bank to accept any credit entries initiated by WEX to such account without responsibility for the correctness thereof. In the event of an overpayment or payment in error, Merchant hereby authorizes WEX to initiate a debit entry to the account for each overpayment or payment in error. It is understood that for purposes of this Agreement, the term "Merchant's Bank" shall mean and include the bank identified below by Merchant and any successor bank identified to WEX (i) in a Notice of Change provided to WEX by any Automated Clearing House Association processing credit or debit transactions under this Agreement, or (ii) by Merchant, whether orally or by other non-written means. Any such notification to WEX shall be effective only with respect to entries credited to Merchant's account by the Bank after receipt of such notification and a reasonable time to act upon such notice. Merchant agrees and acknowledges that WEX will not be liable to Merchant for any damages resulting from the performance or the failure to perform of any Automated Clearing House Association.		
IMPORTANT: PLEASE ATTACH A VOIDED CHECK We must receive a voided check or signed bank letter in order to process application.		
Signature	Printed Name	
Title	Date	