ADDENDUM TO THE FUEL CARD SERVICES AGREEMENT BETWEEN WEX BANK AND SOURCEWELL

CREDIT INFORMATION

Participating Entity has requested a credit account pursuant to the Contract #080620-WEX ("Agreement") entered into between Sourcewell ("Sourcewell") and WEX Bank ("WEX") and thereby creating the program ("Program") by which to enroll participants ("Participating Entity"). By enrolling in this Program, the Participating Entity named below agrees that in the event their account is not paid as agreed, WEX may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information.							
Participating Entity			Phone	#	F	ax#	
Physical Address (Do not include PO Box)							
Mailing Address (if different from physical address)							
Sourcewell Member ID Number			Partici	Participating Entity's Taxpayer ID # (TIN, FEIN or SSN)			
In Business Since (yyyy)	Year of Incorporation (yyyy)	Number of Vehicle	es Avg M \$	onthly Fuel Expenditur	es Avg \$	Monthly Service Expenditures	
		ACCOUNT SE	TUP INFORMAT	ION	Ŷ		
Write Participating Entity name as you wish it to appear on cards. Limit of 20 characters & spaces. Unless specified, no Participating Entity name will appear on cards.							
Billing Contact Name							
Billing Address							
Designate the Participating Entity Fleet Contact 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 vehicles, driver and other information we may request.							
Participating Entity Authorized Fleet Contact Name Title				Phone #		Fax #	
Email address (required to take advantage of product type card controls)							
Check here if Participating Entity is exempt from motor fuels tax TERMS							
 This Addendum ("Addendum") is to allow the Participating Entity to participate under the Agreement between WEX and Sourcewell. It does not modify, amend or change the Agreement in any way. 							
 Participating Entity hereby requests the services of WEX described in the Agreement and agrees to perform all duties required under the Agreement, including, without limitation, timely payment of all charges (including any additional fees) on its account(s). Participating Entity agrees to be bound by the terms and conditions of the Agreement, including, without limitation, rules for authorized and unauthorized use of cards, disputes of charges, reporting lost and stolen cards, and all other rules and provisions relating to use of Participating Entity's account. 							
 Participating Entity acknowledges that its failure to make timely payment in accordance with the terms of the Agreement, or for government entities subject to a Prompt Payment Act, may result in suspension or cancellation of the account(s). 							
4. <u>INFORMATION SHARING DISCLOSURE</u> : Information regarding Participating Entity transactions may be provided to Sourcewell accepting merchants or their service providers.							
 <u>Compliance with Federal Law</u>: WEX Bank complies with federal law which requires all financial institutions to obtain, verify, and record information that 							
Identifies each company or person who opens an account. What this means for Participating Entity: when you open an account, we will ask for your name,							
Address, date of birth, and other information that allow us to identify you. We may ask to see your driver's license or other identifying documents for your							
Business.							
6. <u>DISCLAIMER</u> : THIS IS AN APPLICATION FOR SERVICES AND SHALL NOT BE BINDING UPON WEX UNTIL FINAL CREDIT APPROVAL HAS BEEN GRANTED BY WEX.							
Any person signing on behalf of the Participating Entity has been duly authorized by all necessary action of Participating Entity's governing body, and that the undersigned is authorized to make this application and accept the terms referenced herein on behalf of the Participating Entity.							
Signature: Print Name:							
Complete and sign Addendum. Fax to 1-866-527-8873 OR Email to							
FOR OFFICE Oppty Nu		Addendum. Fa	Plastic Type	27-8873 OR Em Coupon Code		Number	
FOR OFFICE Oppty Nu USE ONLY			SOURCEWEL		04		