

you're in control

save money

- Save up to 5¢ per gallon of Meijer fuel.
- Earn monthly rebates from the first gallon; the more fuel you buy at Meijer, the more you save.

save time

- We'll make your accountant's job easier with simple month-to-date and year-to-date reporting.

get help fast

- Call our local service team 24 hours a day, 7 days a week, 365 days a year, at **1-866-558-5981**. For more information, visit meijer.applyfleet.com

monitor purchases

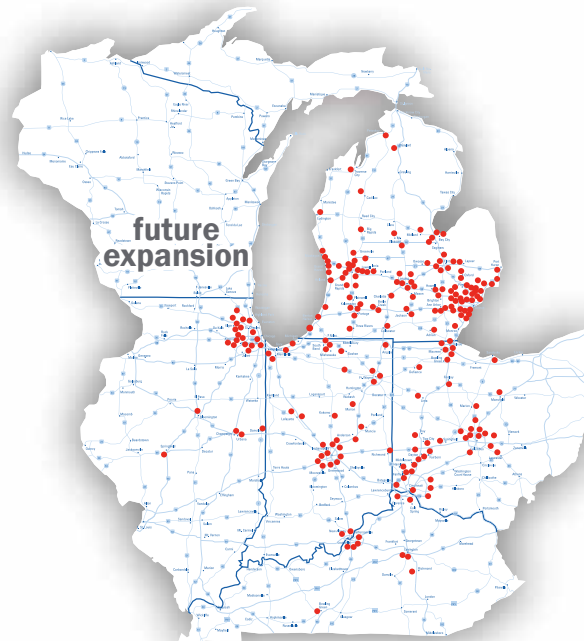
- Decide where your drivers can stop, how much they can spend and what they can buy.
- Quickly see where and when every purchase is made by each driver.

manage easily

- Easily create and see all of your monthly transactions.
- Set up controls and manage cards as a group or individually.

make a pit stop anywhere

- Over 190 Meijer fuel locations in MI, OH, IN, IL, and KY.



- The Meijer/WEX card is accepted at most fuel and service locations nationwide.

Meijer fleet card means more control.



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 92 PORTLAND, ME
POSTAGE WILL BE PAID BY ADDRESSEE
MEIJER FLEET CARD PROGRAM
PO BOX 639
PORTLAND ME 04104-9814



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Save up to **5¢ per gallon**
on Meijer fuel!

easy reporting

apply today at meijer.applyfleet.com, complete this postage paid application or call 1-866-558-5981

Control - Reduce costs by managing fuel types.

Security - You know who buys what, where and when.

Convenience - Fuel and non-fuel purchases are tracked on one report.

meijer
Purchase Activity Report

DATE	TIME	FUEL TYPE	AMOUNT	...
10/15	10:30	REGULAR	12.50	...
10/16	14:00	REGULAR	8.75	...

Cost Savings - Administrative time is reduced and fiscal reporting is easy with month-to-date and year-to-date reporting.

Exceptions - Trouble spots are flagged, helping to prevent abuse.

Vehicle Performance - Both cost per mile and miles per gallon are calculated so you can track vehicle performance at a glance.



MEIJER FLEET CARD 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 WEX Bank 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; 6) By providing the phone numbers below, you authorize us to contact you at any of these numbers regarding this application or any account opened as a result of this application. If you have any questions regarding this application, please call 1-866-558-5981.

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 as you wish it to appear on your cards. Limit 20 characters including spaces. Unless specified, no company name will appear on cards.	[] []
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DBA or AKA	Subsidiary of	Applicant's Taxpayer ID # (TIN, FEIN or SSN)
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Business Physical Address and Phone # (Do not include PO Box)	SIC Code or Type of Business
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Billing Contact	Billing Address	City	State	Zip + 4
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Principal(s)/ Authorized Officer(s)	Title(s)
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In Business Since (yyyy)	Year of Incorporation (yyyy)	Fiscal Year Start (mm)	Average Monthly Fuel Expenditures \$	Number of Vehicles for this Program
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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. By signing below, you also (i) designate representatives from your card program sponsor ("Sponsor") to have access to your account information in order to facilitate customer service and account maintenance requests on your behalf, and (ii) authorize the Card Issuer to accept account maintenance requests and other instructions from Sponsor on your behalf.

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

Important: Complete this section accurately. Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> PC or PA <input type="checkbox"/> Check here if business is exempt from motor fuels tax. (Sales representative will provide further details.)
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INFORMATION SHARING DISCLOSURE: Meijer, Card Issuer or its affiliates may, to the extent allowed by law, share information disclosed by or generated as a result of this application with each other, and with merchants accepting the card. In addition, information regarding your transactions may be provided to accepting merchants or their service providers to facilitate discounts or other promotional campaigns of interest to you.

AUTHORIZED SIGNATURE REQUIRED

Any person signing on behalf of a business attests that the Applicant is a valid business entity, that, if applicable, the execution of this application has been duly authorized by all necessary action of Applicant's governing body, and that the undersigned is authorized to make this application on Applicant's behalf.

Signature X	Print Name	Title	Date
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Complete the Personal Guaranty below if this account is for: a business incorporated less than three years, a partnership, a proprietorship, professional corporation or association, or 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 X	Print Name	Date of Birth	Social Security No.
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FOR OFFICE USE ONLY

Opportunity Number	Sales Code	Plastic Type AF3R	Coupon Code MER	Account Number 0453
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Issuer 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. Issuer may ask for name, address, date of birth, and other applicable information to identify the Company and/or Account Users.