



Sales Code: _____

613 Bakertown Road • Antioch, TN 37013 • Phone: 866.517.2537 • Fax: 888.310.1988

Truckers Advantage Over The Road Business Account Application Issued By WEX Bank

Legal Name of Business			MC#, FF# or DOT#
Trade Name of Business			Phone #
Physical Business Address			Fax #
City	State	Zip	Business Email
Description of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			Federal ID#
Incorporation Date/Year Established		If subsidiary, name of parent company	

PROPRIETOR, PARTNERS, CORPORATE OFFICERS, OR PERSONAL GUARANTOR(S) INFORMATION AUTHORIZED CONTACTS
 Please provide an alternate address where we may reach you. List all people authorized to make account changes.

Name	1.	2.
Title		
Address		
City, State, Zip		
Home Phone #		
Cell #		
Email		
Date of Birth		
Social Security #		

Name	Security Code 4-10 digits
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

CREDIT INFORMATION

<input type="checkbox"/> Initial Credit Line Requested:	OR <input type="checkbox"/> Pre-Pay (min \$500)*:	Dun & Bradstreet #
Financial Statement Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	May be required if credit line requested is more than \$50,000	# of Tractors
		# of Trailers
		# of Cards

<p>Payment Methods:</p> <p><input type="checkbox"/> 1. AutoPay (FREE)*</p> <p><input type="checkbox"/> 2. InternetPay (FREE)*</p> <p><input type="checkbox"/> 3. ACH (Customer initiated--FREE)</p> <p><input type="checkbox"/> 4. Wire Payments (\$15.00 fee per wire)</p> <p><input type="checkbox"/> 5. Western Union</p>	<p>Required for account verification and if you elect Payment Methods 1 or 2</p> <p>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. We will ask you for your name, address, date of birth, or other applicable information to identify you.</p> <p>*AutoPay and InternetPay Direct Debit are payment options where you authorize Issuer to auto debit your account for payment. Applicant hereby authorizes WEX Bank ("Issuer") to initiate debit or credit entries to Applicant's demand deposit account at Applicant's Bank, and further authorizes Applicant's Bank to accept such entries initiated by Issuer and to debit or credit such entries to Applicant's account without responsibility for the correctness of the entries. By selecting Pre-Pay above you authorize WEX Bank to direct debit the bank account provided below for the initial set-up fee.</p> <p>1) Attach a copy of voided check 2) Complete the bank section below using the attached voided check.</p> <p>Bank Name: _____ Phone #: _____</p> <p>Nine (9) digit ABA/Routing #: _____ Account #: _____</p> <p>AutoPay Direct Debit Payment Schedule: Circle the day(s) of the week for payment to be debited from your account by Issuer:</p> <p style="text-align: center;">Monday Tuesday Wednesday Thursday Friday</p> <p>If it is a weekly debit to your account, the debit will be made for the previous 7 days of purchase activity.</p>
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The business named above ("Applicant") represents that the information given in this application is complete and accurate and authorizes Issuer to check with credit reporting agencies and other sources disclosed to confirm information given. Applicant requests a business account which may be approved as either credit or prepaid. Applicant agrees to the terms and conditions set forth in the Business Account Agreement provided with this application and/or provided with the cards issued to Applicant's business. Use of any card issued pursuant to this Application confirms Applicant's agreement to said terms. By providing the phone numbers above, Applicant authorizes Issuer to contact Applicant at any of these numbers regarding this application or any account opened as a result of this Application.

The undersigned hereby executes this Application on behalf of the Applicant as an authorized representative of the Applicant and individually as a guarantor and in doing so hereby assumes personal and individual liability for, and guarantees payment of, all amounts due to Issuer at any time. By signing on behalf of the Applicant you hereby acknowledge that you are duly authorized to do so and to bind the business to these terms and provide consent that use of your consumer credit report may be used in the credit evaluation process.

By: _____ (Signature of Authorized Representative & Guarantor of Applicant)

Print Name: _____ Date: _____

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