

VALVOLINE INSTANT OIL CHANGE (VIOC) ACCOUNT APPLICATION

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 Wright Express 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. If you have any questions regarding this application, please call 1-800-637-1462.

Full Legal Company Name of Applicant/Buyer		Phone #	Fax#	
Write company name as you wish it to appear on cards. Limit of 20 characters including spaces. Unless specified, no company name will appear on cards. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
DBA or AKA		Subsidiary of		Applicant's Taxpayer ID # (TIN, FEIN or SSN)
Headquarters Name, Physical Address and Phone # (Do not include PO Box)			SIC Code or Type of Business	
Billing Contact	Billing Address	City	State	Zip+4
Principal(s)/Authorized Officer(s)			Title(s)	
In Business Since (yyyy)		Year of Incorporation (yyyy)		Fiscal Year Start (mm)
Number of Vehicles for this program		Avg Monthly Service Expenditures \$		
IMPORTANT: If your estimated monthly vehicle expenditures equal \$6,600 or more, please attach your most recent annual and current financial statements.				
Complete this Section Accurately. Select One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> PC or PA <input type="checkbox"/> LLC Is this account for a company that has been incorporated less than three years, a partnership, a proprietorship, a professional corporation or association, or a limited liability company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES, complete and attach the Personal Guaranty on page 2.)				
Primary Business Bank	Address	City	State	Zip+4
Bank Contact Person		Phone #	Commercial Account No.	
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.				
Authorized Contact Name		Title	Phone #	Fax #
Mailing Address (if different from billing address)		City	State	Zip+4
Email address				
<input type="checkbox"/> Check here if business is exempt from motor fuels tax (sales representative will provide further details)				
INFORMATION SHARING CLAUSE: Valvoline Card Issuer or its affiliates may, to the extent allowed by law, share all information disclosed or generated through this application.				
PROGRAM OPTIONS: Fleet Activity Summary <input type="checkbox"/> Option 1 – Company Card <input type="checkbox"/> Option 2 – Vehicle Card (With Driver ID) <input type="checkbox"/> Option 3 – Vehicle Card (No Driver ID)				
Instructions: Complete and sign application. To speed processing, fax your application to us at 801-269-8709.				
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	Date	Print Name	Title	
FOR OFFICE USE ONLY				
Opportunity Number	Sales Code	Location Code	Coupon Code	Account Number 65
				Tax Account Number 6556

Our bank complies with Section 326 of the USA PATRIOT Act.
This law mandates that we verify certain information about you while processing your account application.

VALVOLINE INSTANT OIL CHANGE ACCOUNT APPLICATION -cont'd

Complete the Personal Guaranty below only if this account is for a:

**Company that has been incorporated less than three years,
Partnership,
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.
Address – street, city, state, zip (Do not include PO Box)		Phone #	Date (mmddyy)

FOR OFFICE USE ONLY

Opportunity Number	Sales Code	Location Code	Coupon Code	Account Number 65
				Tax Account Number 6556

VALVOLINE INSTANT OIL CHANGE FLEET DATA FORM

COMPANY NAME: _____

Complete and fax this form along with your application to 1-800-374-4568.

VEHICLE INFORMATION

	DEPT <small>8 character limit</small>	PLATE <small>8 character limit</small>	STATE <small>2 char</small>	DESCRIPTION: Ex. Year / Make / Model, Plate #, Etc. <small>17 character limit (this information will appear on your reports)</small>
Ex.	<i>Sales</i>	<i>12345678</i>	<i>ME</i>	<i>2004 Chevy Van</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

If you selected the Driver ID option, complete the Driver Information below.

If you did not choose the Driver ID option, simply indicate the number of cards you will require: _____

DRIVER INFORMATION (for Driver ID option only)

Please list all the drivers who will be using fleet cards. In the **Driver ID** column:

- You can elect to have either 4 or 6-digit driver ID numbers (no letters) for all your drivers.
- If left blank, we will assign ID numbers.
- Each driver will be required to provide his/her ID# at the time of purchase for the Vehicle Analysis Report option.
- Please do not use duplicate Driver ID numbers.

	Last <small>12 character limit</small>	First <small>10 character limit</small>	M.I.	Driver ID <small>Select one: <input type="checkbox"/> 4 digits or <input type="checkbox"/> 6 digits</small>
Ex.	<i>Smith</i>	<i>John</i>	<i>A</i>	<i>1 2 3 4</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

X _____
Signature of person completing form Print Name Date

OFFICE USE ONLY	
VOH	
Sales Code	Coupon Code