



COMMERCIAL CREDIT CARD APPLICATION

All fields must be completed to ensure timely processing. Please print clearly and use black ink only.

Detach on perforation. Moisten gummed flap to seal. Fold and mail. No postage needed.

Business Name (or Applicant)	Federal Tax ID (required)
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Physical Address (no P.O. Boxes)	City
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State	Zip	Company Phone Number	Fax Number
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Mailing Address	City
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State	Zip	Billing Contact Name	Estimated Monthly Usage \$
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Business Type	Government	Proprietorship	Years Under Current Ownership	Nature of Business
<input type="checkbox"/> Corporation <input type="checkbox"/> Tax-Exempt† <input type="checkbox"/> Partnership <input type="checkbox"/> Other				

Name of Your Bank	Phone Number	Checking Account Balance
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Choose Your Payment Date (Select when during the month you would like to have your payment due.)	†If you are tax exempt, please attach state exemption certificate.	Number of Employees
<input type="checkbox"/> Day 1-7 <input type="checkbox"/> Day 8-14 <input type="checkbox"/> Day 15-21 <input type="checkbox"/> Day 22-28		

DO NOT SIGN THIS BUSINESS CREDIT ACCOUNT APPLICATION UNTIL YOU READ THE SUNOCO CORPORATE AND SUNTRAK® CREDIT ACCOUNT DISCLOSURES ATTACHED TO THIS APPLICATION.

By signing below, you certify that you have read and agree to the Credit Card Information and the Terms and Conditions which are attached. You also agree to be bound by the terms and conditions of the Citibank Card Agreement that will be sent with the card if credit is granted and you agree to pay all charges incurred under such terms. You further certify that all of the information provided in this application is true and correct and you are authorized to sign this application on behalf of the applicant.

X

Signature of Authorized Officer _____ Date _____

Please Print Name and Title _____

PERSONAL GUARANTEE

THIS SECTION MUST BE COMPLETED IF THE APPLICANT IS: (1) A SOLE PROPRIETORSHIP; (2) A PARTNERSHIP; (3) A PROFESSIONAL; (4) UNINCORPORATED OR (5) INCORPORATED FOR LESS THAN 1 YEAR OR IF THE APPLICANT HAS ANNUAL REVENUE OF LESS THAN \$1,000,000.00. For this application to be processed with your Personal Guarantee, you must provide all applicable information below.

I agree to be liable for any unpaid amounts on this Account. I authorize Citibank USA, N.A. to investigate my personal credit and financial records, including my banking records. I understand that Citibank USA, N.A. or its agent may request my personal credit bureau report in considering this application, and for the purpose of an update renewal, extension of credit, review or collection of this Account.

First Name	Middle	Last Name
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Street Address (No P.O. Boxes)	City
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State	Zip Code	Social Security Number	Date of Birth (MM / DD / YYYY)	Home Phone Number
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In consideration of Citibank USA N.A. extending credit to applicant in order to make purchases from Sunoco under the terms of the Citibank Card Agreement which will be sent with the card if credit is granted, I agree to personally guarantee payment of the debt, including any reasonable attorney's fees, arbitration, court or other collection costs as permitted by law and as incurred. In the event of any default I agree that Citibank USA, N.A. can enforce this guarantee, without first proceeding against the applicant, until the governing Card Agreement has been terminated and all amounts due have been paid. I waive all notice regarding the governing Card Agreement and this guarantee. I agree to guarantee payment even if the terms of the governing Card Agreement are changed. I understand that any negative information including failure to make required payments on the Account may be reported to the appropriate reporting agency.

X

Personal Guarantor _____ Date _____

Association Name / Code **22000053**
Construction Exchange of Buffalo & WNY, Inc.

Fleet Manager Name **SERGIO LUGO**

Phone **352-359-4401** Fax **866-261-6086**

Please indicate which credit card program you want.



Sunoco Corporate Fleet Card. No Annual Fee.

Number of Cards Requested _____ Individual Cards _____



SunTrakFleet Card

Number of Cards Requested _____ Individual Cards _____

Sunoco SunTrak®:
 Please provide the information requested below and on the back.

You will receive:

- Invoice Report
- Vehicle Report
- Driver Report

You will be prompted to enter:

- Odometer
- Vehicle number
- Driver number

PIN-protected Driver or Vehicle Cards (optional)

Please issue individual cards with personal identification numbers (PINs).

In-Station Cards	In-Station Card Dealer Site Number**
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In-station cards are kept at the location selected by the customer and can be accessed by assigned drivers.

**Check with your fueling station for Dealer Site Number.

Special embossing on cards – line 3 (optional)

Up to 17 characters, including spacing

SunTrak® fleet card customers must complete the back.

Fax front and back of application to **(866) 261-6086**



