

**MERCHANT UPGRADE FORM**

AGENT/SALES _____

ASSOCIATION _____

Merchant ID# _____

Please return to Petroleum Card Services Fax: (775) 782-7572 E-Mail: CustomerService@pcs4fuel.com

BUSINESS INFORMATION					
Store Name			Corporate Name:		
Location Address:			Billing Address:		
City, ST Zip:			City, ST Zip:		
Location Telephone:		Federal Tax ID:#	Corporate Telephone:		Fax Number:
Contact Name:	SIC Code:	Years In Business:	Avg monthly Volume- V/MC/D/AX		Avg Ticket Amt- V/MC/D/AX
Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Except					
Description of Products or Services Provided:					
Amex Merchant ID:		EBT/ SNAP FNS:	FleetOne:		Fuelman:
MANAGEMENT PROFILE					
Name:		Title:		Name:	
SS #:		Yrs W/ Co:	% Ownership:	SS #:	
Yrs W/ Co:		% Ownership:	Yrs W/ Co:		% Ownership:
Home Address:			Home Address:		
City, ST Zip:		Home Phone:	City, ST Zip:		Home Phone:
SCHEDULE OF FEES					
DISCOUNT FEES			TRANSACTION FEES		
Visa / MC	(800,804, 850, 854)	%	Visa/ MC/ Discover	(001,002,005,006,015,016,130,131,134,135,787,788)	\$
Discover	(170,964)	%	American Express	(013, 014)	\$
Amex	(164)	%	Debit	(018)	\$
Amex System Processing Fee	(3AL)	%	EBT /SNAP	(029)	\$
Debit Interchange	(590,593)	%	Wireless Communication Txn Fee	(434)	\$
Debit	(190)	%	Payeezy Txn Fee	(OFC)	\$
Other:	()	%	Other:	()	\$
BILLED MONTHLY FEES					
Statement Fee (323) \$ _____		Merchant Supply Advantage (413) \$ 14.95 _____		Regulatory Product Fee (351) \$ _____	
Wireless Comm Monthly Fee (472) \$ _____		Payeezy Monthly Fee (40B) \$ _____		Datawire Monthly Fee (354) \$ _____	
DEPOSITORY CHECKING ACCOUNT INFORMATION					
(Please provide a voided check)					
Name in Which Account is Listed:			Name of Bank:		
ABA Routing Number (9 Digits):			Account Number:		
EQUIPMENT					
QUANTITY		EQUIPMENT TYPE			

Merchant warrants that all information provided to Petroleum Card Services whether in the Application or otherwise is true and correct, and Merchant will notify Petroleum Card Services at such time as any material change occurs. If signing on behalf of a corporation or other entity, the undersigned represents that he/she has obtained all necessary authorization and is legally empowered to sign on behalf of such entity.

Print Name of Principal (As specified on the Merchant Application/ Agreement) _____

Date _____

Signature of Authorized Principal (As specified on the Merchant Application/ Agreement) _____

Date _____

If you should have any questions, please contact our Customer Services department at (866) 427-7297 x275 or email us at Customerservice@pcs4fuel.com

PLEASE SEND COMPLETED INFORMATION TO **PETROLEUM CARD SERVICES**
 ATTENTION: APPLICATION PROCESSING • 2243 PARK PLACE, SUITE C, MINDEN, NV 89423
 TOLL FREE 866.427.7297 • FAX 775.782.7572 • WWW.PCS4FUEL.COM