

CORPORATE FLEET LEASING

U.S. BANK VOYAGER FLEET SYSTEMS INC. APPLICATION

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION BELOW.

Company Information			
Your Legal Company Name (Please limit to 25 letters and spaces)			
DBA or Business name to be embossed on card(s) (Please limit to 25 letters and spaces)			
Fleet Contact	Title	Federal Tax I.D. Number	
Company Mailing Address (Physical)	City	State	Zip code
Estimated Monthly Purchases _____	Number of Cards Needed _____		
Net Annual Sales \$ _____	Total Assets \$ _____	Year Business Started _____	
Company Phone No.	Industry Category:	Manufacturer	Wholesaler
Company Fax No.		Retail	Services
Total Number of Employees _____	Type of Organization:	Corporation	Partnership
		Non Profit	Proprietorship
Is Your Company Rated by Dun and Bradstreet? (circle one) YES OR NO			
If not rated by D&B, applications often can be expedited by attaching copies of your Business License, Certificate of Good Standing, Filing with Secretary of State, or Tax Return.			
Customer Identification Information			
In order to comply with the requirements of the USA Patriot Act, Voyager requires Customer and/or Participant to provide its legal entity name, street address, taxpayer identification number and other information that will allow Voyager to identify each Customer and Participant entity prior to establishing an Account for such entity. Voyager reserves the right to require that Customer and Participant promptly provide to Voyager sufficient identification documents upon request in connection with USA Patriot Act compliance.			
Do you have an existing relationship with U.S. Bank? YES OR NO	Briefly describe the nature of your business:		
If YES, what type of relationship?			
Do you conduct business/transactions in a foreign country? YES OR NO			
Authorized Officer Application – For Credit Limit less than or equal to \$50,000			
Authorized Officer must be one of the following or have any ownership interest in the company. (Check one.)			
President/ Chairman	Vice President	Treasurer	Owner/Proprietor Partner
Name of Authorized Officer/Owner (s):			
Title:	Date of Birth: / /	Social Security #:	
Home Address (Physical):			
Signature of Authorized Officer Applicant:			
CUSTOMER AGREEMENT			
<p>If the creditor and issuer of the Voyager Card agrees to extend credit to the Applicant and information that you have authorized Voyager to review, such as credit bureau report(s), Applicant agrees as follows: Voyager reserves the right to increase or decrease the initial credit line assigned to a Voyager Card Account over the life of the Account according to Voyager credit guidelines, account history or the financial circumstances of the Cardholder. By signing this Application, the Authorized Officer, for and on behalf of the Applicant, request(s) that Voyager establish a Voyager Card Account and issue a Voyager Card to such Applicant accessing such account. Voyager is authorized to investigate, obtain, and exchange reports and information regarding this Application and resulting account(s) with credit reporting agencies, the Applicant's Employer ("Business") and others with legitimate business need for such reports or information. Applicant further agrees that if one or more Account(s) are opened in response to this Application, if the Authorized Officer Application is signed, the business and Applicant will be liable for all charges and account balances as follows: (1) Business is jointly and severally liable with each individual Applicant; (2) Each individual Applicant (Employee or Authorized Officer) is individually liable, and jointly liable with the Business, with respect to the entire balance due with respect to his or her Account. All accounts established and Cards issued hereunder shall be used solely for business purposes and shall be governed by the terms and conditions of the Voyager Card Program Agreement provided when the Card is issued, as it may be amended from time to time. This Application must be signed by an Authorized Officer, Partner, or Proprietor of the Business ("Authorized Officer") who has an ownership interest in the Business with authority to bind Business to the terms of this Application. Title must be indicated. By signing, Authorized Officer certifies that the execution, delivery and performance of this Application have been duly authorized by all necessary corporate action by Business, and will provide evidence of such action upon request. Business agrees to provide financial information requested by Voyager. By signing this Application as the Authorized Officer, I acknowledge that I have read the disclosure. I understand and agree that Voyager may obtain credit reports and will rely on the accuracy of all information contained therein and in this Application. Information from this Application may be shared with Voyager affiliates.</p>			
Print Name _____	I have read this Application and Agreement and agree with its terms, individually and on behalf of the Company.		
Signature _____	Date _____		