



MasterCard® Corporate Card Application

Company: _____ Parent Company (If subsidiary): _____

Address: _____
(Please note that a PO Box cannot be accepted) Ownership: Public Private

City: _____ State: _____ Zip: _____ Website: _____

Accounting Dept. Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ DUN's Number: _____

Employer Tax ID #: _____ State of Incorporation: _____ Date Business Started: _____

Type of Business: Corporation Partnership Proprietorship Government Other _____

Credit Line Requested: \$ _____

Bank Reference: _____ Contact: _____ Phone: _____

Flight Dept. Contact: Name: _____ Title: _____

Email: _____ Phone: _____

Accounting Dept. Contact: Name: _____ Title: _____

Email: _____ Phone: _____

Send Reports to: Flight Department Accounting Department

Pilot Names: _____

List Tail Numbers: _____

By signing below, I the Authorizing Officer, agree to the following:

1) The undersigned applicant ("Applicant") represents that the information given in the Application is complete and accurate and authorizes Card Issuer to check with credit reporting agencies, credit reference and other sources we deem appropriate in investigating the 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 that the terms of use of the account and/or card(s) shall be governed by a Commercial Charge Card Program Agreement (the "Agreement") to be provided upon credit approval. 4) Signatory must be a proprietor, general partner or an officer of the company with authority to enter into contractual agreements. **5) The providing of the last (2) year-end financial statements is required if your organization is not publicly traded.** 6) If this application is for a partnership or a proprietorship, personal credit of the undersigned will be used in making a credit decision and a consumer report of the undersigned may be obtained. Direct inquiries of employers and businesses where the undersigned maintains accounts may also be made; and 7) In the event the Applicant does not meet its obligations pursuant to the Agreement, 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. 8) INFORMATION SHARING DISCLOSURE: Avlog, Card Issuer or its affiliates may, to the extent allowed by law, share information disclosed by or generated as a result of this application with each other, and with merchants accepting the card. In addition, information regarding your transactions may be provided to accepting merchants or their service providers to facilitate discounts or other promotional campaigns of interest to you.

Authorizing Officer: _____ Title: _____

Date: _____ Phone: _____

NOTICE: Our bank complies with Section 326 of the USA PATRIOT Act which requires all financial institutions to obtain, verify, and record information that identifies each company or person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents for your business.

Fax completed and signed form to 1-603-299-8472 or mail to Avlog, 5090 Richmond Ave., Ste 8, Houston, TX 77056

For questions, please call (713) 893-1699.