

### APPLICATION FOR FLEET CARD ACCOUNT

#### BUSINESS INFORMATION (Required)

Fax Completed Application to:

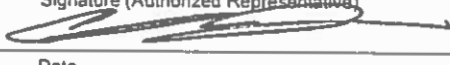
Legal Government or Company Name San Diego Unified Port District			Type of Business Government Agency	Years in Business Under Current Owner
Subsidiary or DBA			Main Phone # 619-686-6321	
Street Address (No PO Boxes) 1400 Tidelands Ave			Cell Phone # 619-909-6778	
Street Address 2			Fax # 619-531-7983	
City National City	State CA	ZIP 91950	Federal ID # 95-2251453	Tax Exempt #
Is Billing Address Different than Business Address? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			# of Vehicles 80	Monthly Fuel Spend 1300 gallons
Billing Address (If Different Than Above)			# of Full Time Employees 530	
Billing Address 2			Security Code (5 digit) 12345	
City	State	ZIP	Email Address jatinson@portofsandiego.org	
First Name Jacquie	Last Name Atkinson	Title Department Business Manager		

Type of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit ☒ Government ☐ LLC ☐ LLP

#### AUTHORIZED SIGNATURE Required (Representative acknowledges receiving fuel pricing and payment terms) Initial Here \_\_\_\_\_

FleetCor Technologies Operating Company, LLC ("FleetCor") operates the Fuelman Fleet Card program. By signing this application, I represent and warrant that I am duly authorized to request that a Fuelman Fleet Card account be created on behalf of my company/government identified above ("Applicant"). FleetCor is hereby authorized to check Applicant's credit worthiness, initially as well as from time to time, including but not limited to obtaining credit report(s), contacting the Applicant's bank, and obtaining trade references. Applicant acknowledges that this application is subject to approval and acceptance by FleetCor. If this application is approved, then the Applicant's Authorized Representative listed above will be notified of the account's available credit limit, the acceptable payment terms and method, and any applicable program fees. The program details including responsibilities and provisions regarding Security, Loss, Theft or Unauthorized Use of Card, Account Administration and Card Issuance are as provided in the ESC Region 19/Allied States Cooperative RFP # 15-7109 for Fuel Cards, Bulk Fuel, and Related Goods and Services, along with contract assignment letters and Amendment #1 (herein "the ESC Region 19 Contract"), which Applicant hereby acknowledges it has been provided these documents. FleetCor will also provide Applicant a copy of its FUELMAN FLEET CARD CLIENT AGREEMENT TERMS AND CONDITIONS, which is FleetCor's standard pamphlet style terms and conditions (herein "Terms & Conditions Pamphlet"). The Terms & Conditions Pamphlet is not intended to supersede the ESC Region 19 Contract, however there may be items covered in the Terms & Conditions Pamphlet which are not specifically addressed in the ESC Region 19 Contract. In the event of a conflict between the ESC Region 19 Contract and the Terms & Conditions Pamphlet, the terms and conditions of the ESC Region 19 Contract shall apply. Applicant acknowledges that the fleet card program is not a revolving credit account and that any purchases made during the billing cycle are due and payable in full, including any applicable fees, upon receipt of the billing statement. If the Applicant's unpaid balance ever meets the established credit line, the account will suspend and the Applicant's credit history may be reported to credit reporting agencies. Applicant's acceptance, signing, in whatever form, or use of any of the cards provided to the Applicant will constitute acceptance of the terms and conditions contained in this application and the account agreement. Applicant agrees that any liability arising or resulting from the misuse, unauthorized or fraudulent use, loss or theft of any of the cards issued to the company's account shall be fully borne, assumed and paid by the Applicant. If FleetCor uses an attorney or collection agency to collect an unpaid overdue amount, the Applicant agrees to pay reasonable attorney and/or collection fees. Applicant agrees that the cards are for business/commercial use only and never used for personal or household purposes and agrees that use of the cards for consumer or household purposes shall be grounds for immediate termination of the Applicant's account. We comply with Section 326 of the USA PATRIOT Act. This law mandates that FleetCor verify certain information about you while processing your account application.

X I Agree to the Terms of this Application (Please check box) ☐ I do not want to consider other card programs

Print Name (Authorized Representative) Cid Tesoro	Signature (Authorized Representative) 
Title Assistant Vice President	Date 11/29/18
Telephone # 619-686-7214	

#### BUSINESS OWNER/ACCOUNT PRINCIPAL Required for all Proprietorships, Partnerships or any other business/organization less than two years old or having fewer than five (5) employees.

Each principal ("Principal") for this Account, if any, is personally and unconditionally, jointly and severally liable with Applicant, as principal and not as surety or guarantor, for the payment and performance when due of all obligations owed on the Account, regardless of who made purchases using the Cards, and the Principal agrees to pay such amounts according to the terms of this Agreement. Principal is responsible under this Agreement for all use of all of the Cards issued on the Account to the fullest extent permitted by law. This constitutes Principal's agreement, individually, regarding the provisions under "AUTHORIZED SIGNATORY" above, including without limitation checking and reporting your credit and confirming your identity.

Guarantor First Name N/A	Last Name	Middle Initial	Guarantor Signature
Guarantor Street Address (No PO Boxes)	Social Security #		Date of Birth
Guarantor Street Address 2	Home Phone #	-or-	Cell Phone #
City	State	ZIP	

Market:

Rep ID:

\*\*OFFICE USE ONLY\*\*

Rep Name:

ATS #:

V6.29.17

**TERMS DEFINITION****BILLING CYCLE:** ☐ Weekly ☐ Bi-Weekly ☒ Calendar Monthly ☐ FM Monthly**CHECK TERMS:** ☐ NET 10 ☐ NET 14 ☐ NET 21 ☒ NET 30**EFT TERMS:** ☐ NET 4 ☐ NET 7 ☐ NET 10 ☐ NET 14 ☐ NET 21 ☐ NET 30Page 2 of 2 A  
**PAYMENT**☒ CHECK☐ EFT (Attach EFT Authorization Form)**BILLING FREQUENCY/PAYMENT TERMS ADJUSTMENT** (Mark the applicable BF/PT, the corresponding amount shall adjust the standard markup)

Mark (X) for the desired BF/PT	BF / Terms ID	Billing Frequency / Payment Terms Description *	Applicable Per Gal. BF/PT Adjustment
<input type="checkbox"/>	WN4	Weekly Net 4 (EFT)	-0.0100
<input type="checkbox"/>	WN7	Weekly Net 7 (EFT)	-0.0075
<input type="checkbox"/>	WN10	Weekly Net 10	-0.0050
<input type="checkbox"/>	WN14	Weekly Net 14	-0.0025
<input type="checkbox"/>	WN21	Weekly Net 21	+0.0025
<input type="checkbox"/>	WN30	Weekly Net 30	+0.0100
<input type="checkbox"/>	BWN4	Bi-Weekly Net 4 (EFT)	-0.0075
<input type="checkbox"/>	BWN7	Bi-Weekly Net 7 (EFT)	-0.0050
<input type="checkbox"/>	BWN10	Bi-Weekly Net 10	-0.0025

Mark (X) for the desired BF/PT	BF / Terms ID	Billing Frequency / Payment Terms Description *	Applicable Per Gal. BF/PT Adjustment
<input type="checkbox"/>	BWN14	Bi-Weekly Net 14	0 None Required
<input type="checkbox"/>	BWN21	Bi-Weekly Net 21	+0.0050
<input type="checkbox"/>	BWN30	Bi-Weekly Net 30	+0.0150
<input type="checkbox"/>	MN4	Monthly Net 4 (EFT)	-0.0050
<input type="checkbox"/>	MN7	Monthly Net 7 (EFT)	0 None Required
<input type="checkbox"/>	MN10	Monthly Net 10	+0.0025
<input type="checkbox"/>	MN14	Monthly Net 14	+0.0050
<input type="checkbox"/>	MN21	Monthly Net 21	+0.0100
<input checked="" type="checkbox"/>	MN30	Monthly Net 30	+0.0175

\* Where "EFT" is indicated above, EFT is a mandatory payment method and applicant MUST submit an EFT Authorization Form with the Application.

**PRICING SELECTION:** ☒ OPIS BASED COST-PLUS MARKUPS

<b>Base Markup (using Bi-Weekly, Net 14 BF/PT)</b>
+ or - Applicable BF/PT Adjustment (From Table Above)
<b>TOTAL MARKUP (Including BF/PT Adj. from above)</b>

OFF-SITE PRICING**		ON-SITE PRICING
Gasoline (All Grades)	Diesel	All Fuel Grades
\$0.1100	\$0.1400	

**ALTERNATIVE FUEL PRICING:** ☒ RETAIL BASED PRICE

For OPIS based cost plus accounts, Retail Based Pricing and not OPIS based cost plus pricing shall apply for Alternative Fuels as defined here.

<b>Retail Adjustment (using Bi-Weekly, Net 14 BF/PT)</b>
+ or - Applicable BF/PT Adjustment (From Table Above)
<b>TOTAL Retail Adjustment (Including BF/PT Adj. from above)</b>

OFF-SITE PRICING**			
CNG	LNG (Propane)	E85	High Blends of Biodiesel (B10, B20)
\$0.000	\$0.000	-\$0.020	-\$0.020

\*\* At locations considered to be in Fuelman's Convenience network, Fuelman reserves the right to charge the station's retail price not an OPIS based cost plus price. FleetCor reserves the right to never bill Applicant for any purchase at an off-site retail/commercial location at a price below FleetCor's cost to settle with the card accepting Merchant and in the event that Applicant's OPIS Index based price (including markup and all merchant taxes) calculates to be below FleetCor's cost to settle with the Merchant, FleetCor's cost shall apply.

**SERVICES:** ☒ OFF-SITE RETAIL ☐ CONSIGNED INVENTORY ☐ ON-SITE MEMO TRACKING ☒ TAX EXEMPT**OPTIONAL REPORTS:** Optional Reports delivered via Web (FleetNetPro login) unless special requested by Email

Check or Mark (X) for the desired Optional Report	Optional Report ID	Optional Report Description
<input type="checkbox"/>	FN03	Employee Management Report (Monthly)
<input type="checkbox"/>	FN04	Vehicle Management Report (Monthly)
<input type="checkbox"/>	FN07	Tax Management Report (Monthly)
<input type="checkbox"/>	FN14	Monthly Customer Fleet Analysis

Check or Mark (X) for the desired Optional Report	Optional Report ID	Optional Report Description
<input type="checkbox"/>	TRN85	Electronic Transaction File, check below for frequency, Email Delivery, & Contact: <input type="checkbox"/> @ Billing <input type="checkbox"/> Wkly <input type="checkbox"/> BW <input type="checkbox"/> Monthly <input type="checkbox"/> Email Del. <input type="checkbox"/> Fleet or <input type="checkbox"/> AP contact

**REPORT DELIVERY METHOD (Reports at Billing):** ☐ MAIL - \$9.95 ☐ FAX - \$4.95 ☒ EMAIL (no charge) ☐ WEB (no charge)**REPORT/STATEMENT DELIVERY INFO:****FLEET MANAGER**

Name Jacquie Atkinson	Email jatkinson@portofsandiego.org
Telephone # 619-909-6778	Fax # 619-531-7983

**ACCOUNTS PAYABLE REPRESENTATIVE**

Name Corrina Parry	Email cparry@portofsandiego.org
Telephone # 619-686-6498	Fax # 619-531-7983

Terms &amp; Conditions of the ESC Region 19 contract RFP # 15-7109 apply. I fully understand and accept the terms of this program.

Name: CID TESOROTitle: ASSIST. V.P.Signature: [Signature]Date: 11/29/18

Market:

Rep ID:

\*\*OFFICE USE ONLY\*\*

Rep Name: