

INTERNAL USE ONLY:

Account# _____

EXPRESS CARD APPLICATION**SAPP BROS, INC**

PO Box 45766
 Omaha, NE 68145-0766
 Telephone (402) 895-7038
 Fax (402) 895-1957

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 After Hours Phone: _____
 Fax: _____
 Email Address: _____
 Primary Contact: _____

CARD TYPE: Please select driver prompting options for the card you are choosing.

| OPTIONS | DIESEL CARD | GAS CARD | \$ LIMIT (per day/per card) | # of TRANSACTIONS (per day/per card) | AUTHORIZED PRODUCTS (check all that apply) |
|-------------------|--------------------------|--------------------------|--|---|---|
| Truck-Unit Number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> \$150 | <input type="checkbox"/> 1 | <input type="checkbox"/> Diesel |
| Mileage-Hub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> \$500 | <input type="checkbox"/> 2 | <input type="checkbox"/> Gas |
| Driver ID Number | <input type="checkbox"/> | | <input checked="" type="checkbox"/> \$1000 (default) | <input checked="" type="checkbox"/> 3 (default) | <input type="checkbox"/> Oil/Antifreeze |
| Plate Number | <input type="checkbox"/> | | <input type="checkbox"/> \$1500 | <input type="checkbox"/> 4 | <input type="checkbox"/> Additives/Windshield Solvent |
| Trip Number | <input type="checkbox"/> | | <input type="checkbox"/> \$2500 | <input type="checkbox"/> 6 | <input type="checkbox"/> DEF |
| PO Number | <input type="checkbox"/> | | | <input type="checkbox"/> 15 | <input type="checkbox"/> Scales |
| Trailer Number | <input type="checkbox"/> | | | | <input type="checkbox"/> No Restriction on Purchases |

NUMBER OF CARDS: _____

By accepting this card, I assume responsibility for the card and will be accountable for all charges made with the card. This card is not transferable and may not be used by anyone other than the cardholder. By signing this application I state that I have the authority and I understand and agree to the terms and conditions.

Signature _____

Date _____

TO REPORT A CARD LOST OR STOLEN, PLEASE CALL 855-727-7462