



REQUEST FOR ACCOUNT UNDER THE STATE OF ARKANSAS PARTICIPATION ADDENDUM

Please provide the following information for the establishment of a credit card account.

COMPANY INFORMATION

Name of Company
(please limit to 25 letters and spaces)

Mailing Address

Fleet Contact Name

Phone Number

Fax Number

Accounts Payable Contact

Phone Number

Fax Number

FLEET INFORMATION

Estimated Monthly Purchases \$ / Month

Number of Cards Needed

Fiscal Year End Close Date

Federal Tax ID #

CUSTOMER AGREEMENT

Voyager Fleet Systems Inc. is given permission to open the above request account. We agree to comply with the terms and conditions established by the State of Arkansas Master Contract for Fleet Fueling.

(by) Signature

Date

Title

Sign and Fax to Shondra O'Shields @ 866-322-7988