



OCSA Members Cut Your Commercial Fueling Costs With SuperFleet® The SuperFleet® program provides you with security and convenience in one monthly report tailored to your specific needs. You can reduce security losses and bookkeeping expenses, while tracking miles driven, miles per gallon, and fuel costs per mile.

ALL OCSA MEMBERS CURRENTLY INVOLVED ARE SAVING UP TO 4 CENTS PER GALLON.

SUPERFLEET®:

- Odometer Tracking
- Detailed Billing
- Custom Billing
- Pay-at-the-Pump at most locations
- 6000 Stores Nationwide
- No fee for cards
- Driver / Vehicle Tracking
- Personal Identification Numbers
- Product and Service Restrictions
- No charge for special reports
- Site cards are available
- No annual or monthly fees**



Compare SuperFleet® with your current program costs:

	<u>SuperFleet®</u>	<u>Your Current Card</u>
Monthly Fee:	none	???
Transaction Charge:	none	???
Cost for Cards:	none	???
Cost for Reports:	none	???
Total per Month Charges:	none	?

Drive your vehicles down the road to savings with SUPERFLEET.

Contact: Roy McCrae for more information at 937-605-8972

Email: remccrae@ssallc.com or simply fill out the Application on the back and fax it to 937-834-6164

Ohio Construction Suppliers Association Fleet Fueling Program Application



123 4567 890 1234 5
 ABC COMPANY
 VEHICLE # 0987654321 12,000
 FUEL ONLY 0000012345 7216

SUPERFLEET APPLICATION PLEASE PRINT (in ink)

OFFICE USE ONLY	DATE	AMR NUMBER	AFFILIATION GROUP	PROMO	CLERK NO.	ACC/REJ CODE	ACCT NO	CR LIMIT
		713	OHLA					

Please fax completed application to: 1-937-834-6164

**BUSINESS
NAME AND
ADDRESS**

Full Legal Name		Est. Monthly Gallons	
Street Address		State	Zip Code
Billing Address		State	Zip Code
DBA INFORMATION		DUN & BRADSTREET NUMBER	
NAME and PHONE NUMBER OF BILLING CONTACT			
DATE BUSINESS STARTED	DATE BUSINESS INC.	E-MAIL ADDRESS	FAX NUMBER
		FEDERAL IDENTIFICATION NUMBER	

**LEGAL
STRUCTURE**

TYPE OF BUSINESS	IS YOUR BUSINESS TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF SO EXEMPTION CERTIFICATE MUST BE ATTACHED)</small>
<input type="checkbox"/> CORPORATION <input type="checkbox"/> DIVISION <input type="checkbox"/> SUBSIDIARY	NAME OF PARENT COMPANY
MAILING ADDRESS OF PARENT COMPANY	
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC	PHONE NO.
IMPORTANT: Please attach a separate sheet of paper detailing the Name, Address, and Social Security Number of each Partner, Proprietor, or Member	

BANK

NAME OF BANK	NAME OF OFFICER TO CONTACT	ACCOUNT NUMBER
ADDRESS	CITY	STATE
	ZIP CODE	PHONE NUMBER

**CREDIT
REFERENCES**

(established at least one year)
with limits equal to your
estimated monthly gallons

NAME AND ADDRESS	ACCOUNT NUMBER	PHONE NUMBER
NAME AND ADDRESS	ACCOUNT NUMBER	PHONE NUMBER
NAME AND ADDRESS	ACCOUNT NUMBER	PHONE NUMBER

DISCLOSURE INFORMATION

The information provided to Speedway SuperAmerica LLC on this application by the applicant and information provided to Speedway SuperAmerica LLC, including any financial statement(s), is warranted to be accurate, complete and true and shall be the property of Speedway SuperAmerica LLC. Speedway SuperAmerica LLC is authorized to investigate the applicant's credit and employment history upon receipt of this application and with any subsequent update, renewal or extension of credit. Speedway SuperAmerica LLC is authorized to answer questions about its credit experience with the applicant and to furnish information about the account's credit history to reporting agencies. The applicant hereby agrees that any credit extended as a result of this application will be solely used for business purposes and will not be used for personal, family or household purposes. I AGREE that the credit cards issued are subject to the TERMS AND CONDITIONS outlined thereon and accompanying delivery thereof, and agree to comply with those TERMS AND CONDITIONS. Use of this credit card indicates acceptance of the TERMS AND CONDITIONS. OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

I understand that this application is subject to a credit investigation and acceptance by Speedway SuperAmerica LLC

OFFICER'S SIGNATURE	DATE	NAME OF INDIVIDUAL COMPLETING APPLICATION
OFFICER'S PRINTED NAME		PHONE OF INDIVIDUAL COMPLETING APPLICATION

Number of Card(s): _____ Card Restriction (choose one): Fuel Only Fuel & Oil Only No Restrictions

**For more information please call: 937-605-8972
Please fax completed application to: 937-834-6164**