

# BP Business Solutions Application

ABN - 78



FAX Application to: 1-800-348-7960 or mail to: BP Business Solutions, PO Box 923928, Norcross, GA 30010

For more information call 1-800-348-7959

## Section A: CARD PRODUCT SECTION - PLEASE SELECT A CARD PRODUCT

Please process this application for the BP Business Solutions MasterCard® Card.  
All fields must be completed to ensure timely processing.

## Section B: BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

Business Legal Name / DBA

Federal Tax ID (required)

Business Name Printed on Cards

Fax Number

Years under current ownership<sup>1</sup>

Estimated Monthly Fuel Usage (Dollars)

/ Month

Number of Full Time Employees<sup>1</sup>

Business Structure/Type<sup>1</sup>

Corporation	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Non Profit	<input type="checkbox"/>
Government	<input type="checkbox"/>	Partnership	<input type="checkbox"/>		
LLP	<input type="checkbox"/>	LLC	<input type="checkbox"/>		

<sup>1</sup> See Section F

Main Business Address Line 1 (No P.O. Boxes)  
*This is where your cards will be shipped*

Main Business Address Line 2 (No P.O. Boxes)

Main Business Address City

State

Zip

Billing Address (if different from Main Business Address)

State

Zip

Billing Address City

## Section C: CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

Business Owner/Key Executive First Name

Business Owner/Key Executive Last Name

Main Business Phone

Cell Phone/Secondary Number

Billing Contact First Name

(if different from Business Owner/Key Executive)

Billing Contact Last Name

Billing Contact's Phone Number

Cell Phone/Secondary Number

Choose security password, required to discuss your account with  
Customer Service (5 numeric characters)

E-mail Address for Online Statements and Reports

How would you like to receive your statement? (check one)

Online/Email

Paper (a fee may apply)

## Section D: FINANCIAL/REFERENCE INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS BANKING AND REFERENCES

Primary Bank Reference (required)

Bank Account Number (required)

Current Fuel Purchasing Method

Sales Rep Name/ ID

Internal Use

ABN - 78

Alliance

