

**ADDENDUM TO CONTRACT VEH117 FUEL CARD SERVICES AGREEMENT
BETWEEN
WEX BANK
AND
THE COMMONWEALTH OF MASSACHUSETTS**

“Participating Entity” shall mean the Participating Entity as defined in Contract VEH117 permitted to purchase services under the Agreement, as specified in the Credit Information on page 2.

All other capitalized terms used in this Addendum without definition have the meanings set forth in the Agreement.

Agreements of WEX Bank and Participating Entity:

1. Participating Entity represents that it is authorized by the laws of the Commonwealth of Massachusetts to enter into this Addendum and to participate under the Agreement.
2. Participating Entity hereby requests the services of WEX Bank described in the Agreement and agrees to perform all duties of a Participating Entity under the Agreement, including, without limitation, payment of all charges on its account(s) within the time periods provided under the Agreement, payment of any fees provided in the Agreement, and cooperation with respect to providing all necessary information for the administration of the Agreement. Participating Entity agrees to be bound by the terms and conditions of the Agreement, including, without limitation, rules for authorized and unauthorized use of cards, disputes of charges, reporting lost and stolen cards, and all other rules and provisions relating to use of Participating Entity’s account.
3. Participating Entity acknowledges that its failure to make timely payment in accordance with the terms of the Agreement and/or the Addendum may result in suspension or cancellation of the account(s). The undersigned represents and warrants that he/she is duly authorized to execute this Addendum on behalf of the Participating Entity and this Addendum is the valid and binding obligation of the Participating Entity, enforceable in accordance with its terms.
4. Participating Entity acknowledges that this Agreement will not be binding and effective until WEX Bank has also completed it.

Completed Account and Credit Information on Page 2

**CONTRACT VEH117 ADDENDUM TO FUEL CARDS SERVICES AGREEMENT
ACCOUNT INFORMATION**

**Subject to Sourcewell Contract #080620-WEX and Massachusetts Statewide Contract
VEH117**

Participating Entity agrees that in the event the account is not paid as agreed, for non-government eligible entities, Card Issuer may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information.					
Participating Entity			Phone #		Fax#
Write Participating Entity name as you wish it to appear on cards. Limit of 20 characters & spaces. Unless specified, no company name will appear on cards. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Headquarters Name and Physical Address (Do not include PO Box)					
Sourcewell Member ID Number			Participating Entity's Taxpayer ID # (TIN, FEIN or SSN)		
Non-Profit Only: SIC/Industry Code (e.g. 8399 Social Services; 6732 Education, Religious, Charitable Trusts; Other)			If Participating Entity is a Non-Profit Provide Gross Annual Revenue		
In Business Since (yyyy)	Year of Incorporation (yyyy)	Number of Vehicles	Avg Monthly Fuel Expenditures \$	Avg Monthly Service Expenditures \$	
Billing Contact Name		Billing Address	City	State	Zip+4
Designate the Fleet Contact authorized to receive all charge cards, reports, and other such information we provide from time to time and to take actions with respect to your account and account access. This is also the person designated by your company to provide all fleet vehicle, driver and other information we may request.					
Authorized Fleet Contact Name		Title	Phone #	Fax #	
Mailing Address (if different from billing address)			City	State	Zip+4
Email address (required to take advantage of product type card controls)					
Card Controls: To help us estimate your credit needs, indicate the types of cards you anticipate using. If you provide a valid email address above, you can select from these product type options: <input type="checkbox"/> Fuel with Roadside Assistance <input type="checkbox"/> Mix of card types					
<input type="checkbox"/> Check here if business is exempt from motor fuels tax					
INFORMATION SHARING DISCLOSURE: Information regarding your transactions may be provided to accepting merchants or their service providers to facilitate discounts or other promotional campaigns of interest to you.					
AUTHORIZED SIGNATURE REQUIRED					
Any person signing on behalf of the Participating Entity has been duly authorized by all necessary action of Participating Entity's governing body, and that the undersigned is authorized to make this application on behalf of the Participating Entity.					
Participating Entity:			WEX BANK		
By: _____			By: _____		
(Participating Entity's Authorized Signatory)					
Printed Name: _____			Printed Name: _____		
Title: _____			Title: _____		
Date: _____			Date: _____		
FOR OFFICE USE ONLY					
Opportunity Number	Sales Code	Plastic Type	Coupon Code C1N	Account Number	

WEX Bank complies with Section 326 of the USA PATRIOT Act which requires all financial institutions to obtain, verify, and record information that identifies each company or person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents for your business.

Complete, sign and scan Addendum to Governmentmailbox@wexinc.com or FAX to 1-866-527-8873.