

**ADDENDUM TO THE FUEL CARD SERVICES AGREEMENT BETWEEN WEX BANK
AND SOURCEWELL FOR THE STATE OF KANSAS**

CREDIT INFORMATION

Participating Entity has requested a credit account pursuant to the Agreement #41829A under Sourcewell #080620-WEX (the "Agreement"), entered into between Sourcewell and WEX BANK and Kansas. By enrolling in this Program, the Participating Entity named below agrees that in the event their account is not paid as agreed, WEX BANK 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#	
Headquarters Name and Physical Address (Do not include PO Box)				
Sourcewell (formerly NJPA) Member ID Number			Applicant'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 \$

ACCOUNT SETUP INFORMATION

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.

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Billing Contact	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 vehicles, 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:

- All Products
 Fuel & Service
 Fuel & Fluids with Roadside Assistance
 Fuel with Roadside Assistance
 Mix of card types

Check here if business is exempt from motor fuels tax

TERMS

- This Addendum is to allow the Participating Entity to participate under the State of Kansas Agreement #41829A under Sourcewell #080620-WEX. It does not modify, amend or change the Agreement in any way.
- Participating Entity hereby requests the services of WEX BANK described in the Agreement and agrees to perform all duties required under the Agreement, including, without limitation, timely payment of all charges (including any additional fees) on its account(s). 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.
- Participating Entity acknowledges that its failure to make timely payment in accordance with the terms of the Agreement may result in suspension or cancellation of the account(s).

INFORMATION SHARING DISCLOSURE: Information regarding your transactions may be provided to Sourcewell (formerly NJPA) accepting merchants or their service providers.

Compliance with Federal Law: WEX Bank complies with federal law 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.

DISCLAIMER: THIS IS AN APPLICATION FOR SERVICES AND SHALL NOT BE BINDING UPON WEX BANK UNTIL FINAL CREDIT APPROVAL HAS BEEN GRANTED BY WEX BANK.

- WEX Bank shall pay financial incentives in accordance with the terms and conditions set forth in the Agreement between WEX BANK and Sourcewell.

PARTICIPATING ENTITY AUTHORIZED SIGNATURE REQUIRED

Any person signing on behalf of the Participating Entity has been duly authorized by all necessary action of Applicant's governing body, and that the undersigned is authorized to make this application and accept the terms referenced herein on behalf of the Participating Entity.

Signature: _____
Title: _____

Print Name: _____
Date: _____

Complete and sign addendum. Email to: governmentmailbox@wexinc.com OR Fax to 1-866-527-8873

FOR OFFICE USE ONLY	Oppty Number	Sales Code	Plastic Type	Coupon Code A1Z	Account Number
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