

**ADDENDUM TO THE FLEET CARD SERVICES PROGRAM AGREEMENT UNDER NASPO BETWEEN
WEX BANK AND THE STATE OF OREGON (the "STATE")**

CREDIT INFORMATION				
Purchasing Entity has requested a credit account pursuant to the NASPO ValuePoint Participating Addendum #1620 for Commercial Card Services under Master Agreement # 00819 ("Agreement") entered into between WEX Bank ("WEX") and the State of Oregon, Department of Administrative Services (the "State") and thereby creating the program ("Program") by which to enroll participants ("Purchasing Entity"). By enrolling in this Program, the Purchasing Entity named below agrees that in the event their account is not paid as agreed, WEX may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information.				
Purchasing Entity Name		Phone #	Fax#	
Physical Address (Do not include PO Box)				
Mailing Address (if different from physical address)				
ORCPP Member ID Number		Purchasing Entity's Taxpayer ID # (TIN, FEIN or SSN)		
In Business Since (yyyy)	Year of Incorporation (yyyy)	Number of Vehicles	Avg Monthly Fuel Expenditures \$	Avg Monthly Service Expenditures \$

ACCOUNT SETUP INFORMATION				
Write Purchasing Entity name as it should appear on cards. Limit of 20 characters & spaces. Unless specified, no Purchasing Entity 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"/> <input type="checkbox"/>				
Billing Contact Name				
Billing Address				
Designate the Purchasing Entity Fleet Contact authorized to receive all charge cards, reports, and other such information WEX provides from time to time and to take actions with respect to your account and account access. This is also the person designated by the Purchasing Entity to provide all fleet vehicles, driver and other information WEX may request.				
Purchasing Entity Authorized Fleet Contact Name		Title	Phone #	Fax #
Email address (required to take advantage of product type card controls)				

Card Controls: To help WEX estimate the Purchasing Entity's credit needs, indicate the types of cards they anticipate using.
 If the Purchasing Entity provides a valid email address above, they 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	
<p>DEFINITIONS: "Agreement" means: the NASPO ValuePoint Participating Addendum #1620 for Commercial Card Services under Master Agreement # 00819 effective March 18, 2021 for Fleet Card Services (the "Agreement") between the State of Oregon and WEX Bank. "Purchasing Entity" shall mean the Purchasing Entity as defined in the Agreement permitted to purchase services under the Agreement, as specified in the Credit Information above. All other capitalized terms used in this Addendum without definition have the meanings set forth in the Agreement.</p> <p>AGREEMENTS OF WEX BANK AND PURCHASING ENTITY:</p> <ol style="list-style-type: none"> This Addendum is to allow the Purchasing Entity to participate under the Agreement between WEX BANK and the State. It does not modify, amend or change the Agreement in any way. The parties agree to comply with the terms and conditions of the NASPO ValuePoint Participating Addendum #1620 for Commercial Card Services under Master Agreement # 00819, which is referenced and made a part of this transaction. Purchasing Entity represents that it is authorized or allowed by the laws of its home state to enter into this Addendum and to participate under the Agreement. Purchasing Entity hereby requests the services of WEX BANK described in the Agreement and agrees to perform all duties of a Purchasing 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. Purchasing 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 Purchasing Entity's account. Purchasing 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 Purchasing Entity and this Addendum is the valid and binding obligation of the Purchasing Entity, enforceable in accordance with its terms. <p>INFORMATION SHARING DISCLOSURE: Information regarding Purchasing Entity's transactions may be provided to accepting merchants or their service providers to facilitate discounts or other promotional campaigns of interest to them. 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. Issuer may ask for name, address, date of birth, and other applicable information to identify the Company and/or Account Users. 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.</p>	

CONTRACTING AGENCY AUTHORIZED SIGNATURE REQUIRED	
Any person signing on behalf of the Purchasing Entity has been duly authorized by all necessary action of Purchasing Entity's governing body, and that the undersigned is authorized to make this application on behalf of the Purchasing Entity.	
Signature : _____	Printed Name: _____
Title: _____	Date: _____

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

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