

**ADDENDUM TO FUEL CARD SERVICES AGREEMENT BETWEEN
WEX BANK AND
COMMONWEALTH OF PENNSYLVANIA**

CREDIT INFORMATION

Participating Entity agrees that in the event the account is not paid as agreed, 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)			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 \$
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)		COSTARS member #:	

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

Tax documents are required prior to account set up. Please check if you do not qualify for tax exemption or are opting out of the tax exempt program.

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.

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.

TERMS

Definitions:
 "Agreement" means: **Contract No. 4400020592 effective from July 1, 2019** for Fuel Cards and Fuel Management Services (the "Agreement") between the **Commonwealth Of Pennsylvania ("Commonwealth")** and **WEX BANK ("WEX")**.
 "Participating Entity" shall mean the Participating Entity as defined in **Contract No. 4400020592** 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.
Agreements of WEX and Participating Entity:
 1. Participating Entity represents that it is authorized by the laws of the Commonwealth of Pennsylvania to enter into this Addendum and to participate under the Agreement.
 2. Participating Entity hereby requests the services of WEX 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 has also completed it.

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 on behalf of the Participating Entity.

Participating Entity:	WEX Bank
By: _____ (Contracting Agency's Authorized Signatory)	By: _____
Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

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

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Opportunity Number	Sales Code	Plastic Type	Coupon Code	Account Number
			H71	04