ADDENDUM TO THE FUEL CARD SERVICES AGREEMENT BETWEEN WEX BANK AND THE NATIONAL JOINT POWERS ALLIANCE (NJPA)

Participating Entity has requested a credit account pursuant to the Vendor Agreement #062411-WEF (Agreement), ("Agreement") entered into between the National Joint Powers Alliance ("NJPA") and WEX BANK. 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#			
Head	Headquarters Name and Physical Address (Do not include PO Box)																
NJP													Applicant's Taxpayer ID # (TIN, FEIN or SSN)				
In Business Since (yyyy)			Year of Incorporation (yyyy)				Number of Vehicles				Avg M \$	Avg Monthly Fuel Expenditures \$			Avg Monthly Service Expenditures \$		
							AC	COUN	IT SET	UP INF	ORMAT	ION					
Write	Participat	ing Entity nan	ne as you v	wish it to a	appear	on card	ds. Lim	it of 20	characte	ers & spa	aces. Un	less spe	ecified, no co	mpany nar	ne will appe	ar on cards.	
Billin	g Contact					Billing	Addre	ess					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.																	
Auth	Authorized Fleet Contact Name Title											Phone #			Fax #		
Maili	Mailing Address (if different from billing address)											City			State	Zip+4	
Ema	Email address (required to take advantage of product type card controls)																
☐ Check here if business is exempt from motor fuels tax																	
									TE	RMS							
1.	This Addendum is to allow the Participating Entity to participate under the Agreement between WEX BANK and NJPA. It does not modify, amend or change the Agreement in any way.																
2.	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.																
3.	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 NJPA accepting merchants or their service providers.																
Compliance with Federal Law: Our 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																	
<u>DISCLAIMER</u> : THIS IS AN APPLICATION FOR SERVICES AND SHALL NOT BE BINDING UPON WEX BANK UNTIL FINAL CREDIT APPROVAL HAS BEEN GRANTED BY WEX BANK.																	
PARTICIPATING ENTITYAUTHORIZED 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: F										Prir	nt Name:						
Title:												Date:					
Complete and sign addendum. Fax to 1-866-527-8873.																	
FOF	ROFFICE	Oppty Nu	mber			Sales				Plas	tic Type	Cou	upon Code	Account	Number		