SCHEDULE TO EFS MSA CUSTOMER APPLICATION

SECTION I: CUSTOMER COMPANY INFORMATION						
CORPORATE NAME:			NAME (DBA):			
LOCATION ADDRESS:		BILLING ADDRESS:				
CITY, STATE/PROVINCE, ZIP/POSTAL CODE:			CITY, STATE/PROVINCE, ZIP/POSTAL CODE:			
WEB URL ADDRESS/DOMAIN NAME:			COMPANY EMAIL ADDRESS:			
LOCATION TELEPHONE:	FEDERAL TAX OR CRA ID #:		CORPORATE TELEPHONE:		ONE:	FAX NUMBER:
DUN & BRADSTREET #:	DOT #:		YEARS IN BUSINESS:			MC OR PROVINCIAL OPERATING LICENSE:
OWNERSHIP: ☐ INDIVIDUAL/SOLE PROPRIETOR ☐ CORPORATION ☐ TAX EXEMPT ☐ LIMITED LIABILITY COMPANY (LLC) ☐ PARTNERSHIP ☐ GOVERNMENT ☐ MEMBER SBA ☐ MEDICAL/LEGAL CORPORATION						
NUMBER OF:			AMOUNT OF AVERAGE WEEKLY VOLUME:			
CARDHOLDERS/DRIVERS	TRUCKS		FUEL CHECKS OTHER		OTHER	
DESCRIPTION OF TRANSPORTATION SERVICES PROVIDED TO YOUR CLIENTS:						
SECTION II: MANAGEMENT PROFILE (**MINIMUM OF 2 OFFICERS UNLESS SOLE PROPRIETORSHIP**)						
NAME:	TITLE:		NAME:			TITLE:
YEARS W/ COMPANY:	% OF OWNERSHIP:		YEARS W/ COMPANY:		<u> </u>	% OF OWNERSHIP:
OFFICE TELEPHONE:	MOBILE TELEPHONE:		OFFICE TELEPHONE:			MOBILE TELEPHONE:
E-MAIL ADDRESS:	DATE OF BIRTH:		E-MAIL ADDRESS:			DATE OF BIRTH:
HOME ADDRESS:		HOME ADDRESS:				
HAS COMPANY (CUSTOMER) OR THE OWNERS/PRINCIPALS EVER FILED FOR BANKRUPTCY? YES NO IF YES: BUSINESS BANKRUPTCY PERSONAL BANKRUPTCY PLEASE EXPLAIN:						
SECTION III: BUSINESS REFERENCES						
BANK REFERENCE: CONTACT:				TELEPHONE NUMBER:		
TRADE REFERENCE (SUPPLIER) NAME:		CONTACT:		TELEPHONE NUMBER:		
TRADE REFERENCE (SUPPLIER) NAME:		CONTACT:		TELEPHONE NUMBER:		
Customer understands and agrees that sensitive Customer Information (including credit line availability, check drawable balance information, transaction authorization information and such other Confidential Information EFS may designate from time to time) may only be accessed by Customer employees listed in the Management Profile (Section II above) and such other employees designated by Customer as Authorized Users. It is Customer's sole responsibility to notify EFS in writing of any changes to the Customer designated employees authorized to receive such Confidential Information. EFS shall have no liability whatsoever for providing such information to Customer's designated employees in compliance with the foregoing.						
AUTHORIZATION						
Customer hereby represents and warrants that the Application is complete and accurate and the information may be relied upon by EFS. Customer hereby authorizes EFS, without reservation, to verify the information on the Application.						
Print Name:		_				
Title:		<u> </u>				
Authorized Signature:		_				
Data						

EFS electronic "