

Cardholder Maintenance Form

A. General Information

Bank #:

| | | | |
|-------------------|--|------------------------|--|
| Company Name: | | Company#: | |
| Cardholders Name: | | Acct#(sixteen digits): | |

B. Standard Changes

| Name Change | | Address Change | |
|-----------------------|--|---------------------|--|
| Name Line 1: | | Address Line 1: | |
| Name Line 2: | | Address Line 2: | |
| Reporting Unit Change | | City/State/Zip: | |
| From: | | Phone Number Change | |
| To: | | Phone Number: | |
| | | | |

C. Parameter Changes

| Parameter Changes | | Cash Advance Changes | |
|-----------------------------|--|--------------------------|--|
| Credit Limit | | Cash Advance Capability: | |
| Single Purchase Limit | | % of Credit Limit: | |
| Daily Transaction # | | Send Pin #: | |
| Daily Dollar Limit | | MCCG Changes | |
| Monthly Transaction # | | Group Name: | |
| Cycle Transaction # | | Group Name: | |
| Internal Audit Code | | Group Name: | |
| Fleet Parameter Changes | | | |
| Vehicle/Driver Card: | | | |
| Product Type Code: | | | |
| Embossed Fuel Only Code: | | | |
| Product Restriction Code: | | | |
| Miscellaneous Changes | | | |
| Reorder Convenience Checks: | | Rewards: | |

D. Replacement Cards

| | |
|-----------------------------------|----------------------------------|
| | SEND REPLACEMENT CARD TO: |
| | Name: |
| | Address: |
| Cancellation/Reinstatement | City/State/Zip: |
| | Phone Number: |

| | |
|-----------------------------------|-----------------|
| | Name: |
| | Address: |
| Cancellation/Reinstatement | City/State/Zip: |
| | Phone Number: |

| | |
|-----------------------|--------------|
| Authorized By: | Date: |
|-----------------------|--------------|