

WEXPay™ ENROLLMENT REQUEST FOR STATE OF IDAHO

FAX to: _____ FAX #: _____

1. Complete parts A and B.
2. Be sure to sign the form and keep a copy for your records.
3. Fax completed form to: 1-800-516-7536.

| A. ACCOUNT INFORMATION | |
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| Account Name: | Account Number: 04 |
| Authorized Fleet Contact Name: | Phone No.: |
| Fleet Contact email: | Fax No.: |
| B. SETUP INFORMATION | |
| Complete the below item: | |
| \$ _____ How much spend do you anticipate? (Credit line may need to be reviewed) | |
| C. TERMS AND CONDITIONS | |
| <p>These terms and conditions supplement the WEX® Business Charge Account Agreement (the "Agreement") between you and WEX Bank ("Issuer"). The following additional terms and conditions shall be applicable to your account upon your completion and our acceptance of this WEXPay™ Enrollment Request form. Your continued use of your account and the product referenced herein constitutes acceptance of these terms and conditions. All capitalized terms shall have the same meaning as in the Agreement, as amended from time to time.</p> <p>Your enrollment in the WEXPay™ program means that Issuer will provide single use virtual MasterCard® Cards for purchases made by you only at U.S. merchant locations that do not accept the WEX® Universal Fleet Card. A virtual card is one where there is no plastic issued, only card numbers. Single use virtual cards may be used for purchases one time only.</p> <p>MasterCard International's chargeback rules apply. Your MasterCard purchases will appear on your WEX® Universal Fleet invoices. You agree to pay and/or perform, as the case may be, when due all indebtedness, obligations and liabilities of each MasterCard account established pursuant to this request of every kind, nature and character whatsoever, including, without limitation, (i) all amounts payable under each account, (ii) all obligations, covenants, and agreements contained herein. Purchases are due and payable in full by you upon billing in accordance with the terms of credit Agreement with Issuer.</p> <p>In the event you currently participate in any rebate or discount program offered by Issuer for your WEX® Universal Fleet card purchases, your purchases made using WEXPay™ will apply to such rebate or discount provided you meet any conditions of such rebate or discount program.</p> <p>Issuer reserves the right to modify or terminate WEXPay™ at any time upon 30 days notice to you.</p> <p>Once your account(s) are enrolled in the WEXPay program, when your drivers present the WEX Fleet card to a merchant, the merchant may, at their discretion and their own risk, either complete the work or contact Issuer to validate your account. You are solely responsible for confirming that a merchant will accept WEXPay™ as a method of payment. Issuer will not authorize or pre-authorize the transaction until the work has been completed but we will validate whether your account is in good standing and, if so, will provide the merchant with a reference number so that they may contact us upon completion of the work for payment authorization. In order to validate your account we must preview your account information and this may affect your control limits, if you have set them on your account, including the number of transactions available per day and the total daily dollar limits. WEX will not provide detailed information regarding control limits unless contacted by an Authorized Fleet Contact with your company. You should check your current controls (if any) to be certain that you have sufficient limits for these transactions. If you make any changes or set any control limits, you agree that we are authorized to rely on such changes and you further agree that we will not be responsible for any loss, claim or damage allegedly caused by our reliance on such changes. You also agree that we will not be responsible for any loss, claim or damages you suffer which arise from, are related to, or are in any way connected with any fraud control or purchase restrictions such as Authorization Controls, which we implement from time to time. We are not liable on account of any merchant's refusal to honor the MasterCard or to participate in the WEXPay™ process, regardless of the reason.</p> | |

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| The person signing this WEXPay Enrollment Request represents and warrants that he/she is authorized to execute this Request. | |
| X Authorized Fleet Contact Signature: | Date: |
| Print Name: | Title: |

USER (INTERNAL USE ONLY):

The information contained in this facsimile message is intended only for the use of the individual or entity named above and may contain confidential information. If the recipient of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by calling 1-800-492-0669 and return the original message to the attention of the sender at the above address. Thank you.