

SIGNATURE PAY APPLICATION

The business entity described below ("Company") makes application to EPIC Card Services, LLC ("EPIC") for a Signature Pay Account, for commercial or business purposes only. Company has obtained permission to include application information that personally identifies individual, including their consent to transfer, process, store, use, and disclose it internationally for lawful purposes.



SIGNATURE AVIATION

GENERAL INFORMATION

Company's Legal Name:

Company dba Name:

Company's Primary Address:

City: State: Zip:

Year of Company Registration:

Federal Tax ID Number:

Dun & Bradstreet Number:

Billing Contact Name:

Position/Title:

Contact Phone:

Email Address:

Billing Address:

City: State: Zip:

Shipping address for cards:

City: State: Zip:

Credit Line Requested:

Annual Fuel Gallons Purchased:

Parent Company Name:

President/Owner Name:

REWARDS PROGRAM

Interested in The Signature TailWins™ Program? Yes No

Signature TailWins™ Member Name:

Signature TailWins™ Member ID:

FLIGHT OPERATIONS INFORMATION

Contact Name:

Position/Title:

Contact Phone:

Email Address:

Hangar Address:

City: State: Zip:

Base Airport and ICAO:

Does Company operate a fuel farm? Yes No

Area of Flight Operations: Domestic International

Will card be used for ancillary charges? Yes No

Aircraft Type	Registration #	# of Cards Requested

If you require additional cards without aircraft registration (i.e. for pilots to use with any aircraft) please state quantity needed:

Please state how you would like the name of your company to appear on all cards:

AUTHORIZATION AGREEMENT & SUBMISSION

Company hereby applies for a Signature Pay Account and represents, warrants, and agrees that all information is true and correct and that EPIC may, from time to time: (1) order credit reports and obtain other information on Company, from financial information listed; (2) use and disclose all information for verification and to maintain, enforce, and collect on any resulting account; and (3) furnish information to credit agencies and others, including affiliates.

By signing or submitting this application, Company agrees that it will be legally bound by the Signature Pay Account Agreement delivered with any card(s) issued if it does any of the following: (i) uses or allows others to use an account or fails to prevent use (including unauthorized use); (ii) activates an account (or allows others to do so) pursuant to instructions delivered with it; or (iii) without doing (i) or (ii), fails to terminate the account within 30 days after its receipt of any card.

Company's Legal Name:

Authorized Officer's Signature:

Print Name:

Title:

Date:

FBO REFERRAL

Employee Name:

Dealer ID # or Name:

CONTACT EPIC CARD SERVICES

Questions? Please contact us by phone at 877-247-2772.

Send completed card application to credit@epicfuels.com.