

THE ASSOCIATION OF POOL & SPA PROFESSIONALS ACCOUNT APPLICATION

1) The undersigned applicant/buyer ("Applicant") represents that the information given in this application is complete and accurate and authorizes Card Issuer to check with credit reporting agencies, credit references and other sources disclosed to confirm information given; 2) Applicant requests a business charge account, if approved for credit, and one or more business charge cards from the card issuer, which is Wright Express Financial Services Corporation ("Card Issuer"); 3) Applicant agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the business charge card(s). Use of any card issued pursuant to this application confirms Applicant's agreement to said terms and conditions; 4) If this Account is for a partnership or a proprietorship, a partner or principal must sign this application and the undersigned's personal credit will be used in making a credit decision and they hereby authorize Card Issuer to obtain a consumer report. In the event that this application is denied based upon information contained in a consumer credit report of the undersigned, they authorize the Card Issuer to report the reason for the denial to the Applicant. Direct inquiries of businesses where the undersigned maintains accounts may also be made; 5) Applicant agrees that in the event the account is not paid as agreed, Card Issuer may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. If you have any questions regarding this application, please call 1-866-755-1027.

Full Legal Company Name of Applicant/Buyer	Phone #	Fax#
--	---------	------

Write company name as you wish it to appear on cards. Limit of 20 characters including spaces. Unless specified, no company name will appear on cards.

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DBA or AKA	Subsidiary of	Applicant's Taxpayer ID # (TIN, FEIN or SSN)
------------	---------------	--

Headquarters Name, Physical Address and Phone # (Do not include PO Box)	SIC Code or Type of Business
---	------------------------------

Principal(s)/Authorized Officer(s)	Title(s)
------------------------------------	----------

In Business Since (yyyy)	Year of Incorporation (yyyy)	Fiscal Year Start (mm)	Number of Vehicles	Avg Monthly Fuel Expenditures \$	Avg Monthly Service Expenditures \$
--------------------------	------------------------------	------------------------	--------------------	-------------------------------------	--

Complete this Section Accurately. Select One: Corporation Partnership Proprietorship PC or PA LLC

Is this account for a company that has been incorporated less than three years, a partnership, a proprietorship, a professional corporation or association, or a limited liability company? No Yes (If YES, complete and attach the Personal Guaranty on page 2.)

Billing Contact	Billing Address	City	State	Zip+4
-----------------	-----------------	------	-------	-------

Designate the person 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 vehicle, driver and other information we may request.

Authorized Contact Name	Title	Phone #	Fax #
-------------------------	-------	---------	-------

Mailing Address (if different from billing address)	City	State	Zip+4
---	------	-------	-------

Email address (required to take advantage of product type card controls)
--

Card Controls: To help us estimate your credit needs, indicate the types of cards you anticipate using.

If you provide a valid email address above, you can select from these product type options:

- All Products
 Fuel & Service
 Fuel & Fluids with Roadside Assistance
 Fuel with Roadside Assistance
 Mix of card types

Check here if business is exempt from motor fuels tax (sales representative will provide further details)

If you are requesting less than 50 cards, you are eligible to check here to enroll in the WrightRewards™ program. \$45.00 annual fee waived for the first year.

INFORMATION SHARING DISCLOSURE: Affinity Marketing Group, Card Issuer or its affiliates may, to the extent allowed by law, share information disclosed by or generated as a result of this application with each other, and with merchants accepting the card. In addition, information regarding your transactions may be provided to accepting merchants or their service providers to facilitate discounts or other promotional campaigns of interest to you.

\$40.00 Setup fee WAIVED for Association Members. \$2.00 monthly card fee applies.

Complete and sign application. Fax to 1-800-831-4019.

AUTHORIZED SIGNATURE REQUIRED

Any person signing on behalf of a business attests that the Applicant is a valid business entity, that, if applicable, the execution of this application has been duly authorized by all necessary action of Applicant's governing body, and that the undersigned is authorized to make this application on Applicant's behalf.

Signature X	Date	Print Name	Title
-----------------------	------	------------	-------

FOR OFFICE USE ONLY

Opportunity Number	Sales Code	Plastic Type AF3Y	Coupon Code PSP	Account Number 0453
--------------------	------------	----------------------	--------------------	------------------------

Our bank complies with Section 326 of the USA PATRIOT Act 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.

THE ASSOCIATION OF POOL & SPA PROFESSIONALS ACCOUNT APPLICATION

Complete the Personal Guaranty below only if this account is for a:

**Company that has been incorporated less than three years,
Partnership,
Proprietorship,
Professional corporation or association, or
Limited liability company.**

PERSONAL GUARANTY (SEE ABOVE)

In consideration of Card Issuer financing purchases under the Business Charge Account Agreement (as the same may hereafter be modified, extended or amended, "the Agreement"), the undersigned guarantor ("Guarantor") hereby agrees to unconditionally personally guarantee payment and performance under any account established pursuant to this application, of any obligation of Applicant to Card Issuer or any assignee of Card Issuer, in the event the above Applicant fails to do so. This is a guaranty of payment and not merely of collection. Guarantor agrees to pay, upon demand, any amount owed by Applicant to Card Issuer and due under the Agreement. Card Issuer shall not be required to initiate any action against, nor exhaust any remedies with respect to Applicant or any other guarantor prior to making demand upon Guarantor. Guarantor hereby waives any notices regarding Applicant's account or this guaranty and agrees that this guaranty shall be applicable until the Agreement has terminated and all amounts due have been paid in full. Guarantor agrees that in the event the account is not paid as agreed, Card Issuer may report Guarantor's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. Guarantor hereby agrees that Card Issuer may extend the time for payment and release any other security for the agreement without affecting in any way the obligations of Guarantor. Guarantor waives any and all suretyship defenses. Personal credit of Guarantor will be used in making a credit decision and Guarantor hereby authorizes Card Issuer to obtain a consumer credit report of Guarantor. Direct inquiries of businesses where the undersigned maintains accounts may also be made. In the event this application is denied based upon information in a consumer credit report of Guarantor, Guarantor authorizes the Card Issuer to report the reason for the denial to Applicant.

Guarantor's Signature X	Print Name	Date of Birth	Social Security No.
Guarantor's Residential Address – street, city, state, zip (Do not include PO Box)		Phone #	Date (mmdyy)

FOR OFFICE USE ONLY

Opportunity Number	Sales Code	Plastic Type AF3Y	Coupon Code PSP	Account Number 0453
--------------------	------------	----------------------	--------------------	------------------------

The Association of Pool & Spa Professionals Fleet Card Information

Company Name: _____ Limit punctuation to the following characters: / - . & ‘

DRIVER INFORMATION – List *all* drivers who will be using fleet cards.

Last 12 character limit	First 11 character limit	M.I.	Driver ID (No duplicates) Leave blank if you want us to assign Select either: <input type="checkbox"/> 4 digits or <input type="checkbox"/> 6 digits
SAMPLE: <i>Smith</i>	<i>John</i>	<i>A</i>	<i>1234</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

VEHICLE INFORMATION – We will issue a card for each vehicle you list.

In the CARD TYPE column select either **Fuel Only** or **Custom Control**. You must **complete the attached Product Controls form** to select one of the three product groups you want applied to the Custom Control cards. Your cards will be set up with the limits indicated on the form. Once you receive your User ID and Password, you must log in to **WEXOnline®** to review or change the preset limits or to set time and day controls. **Customer Service will not be able to make changes on your behalf.**

Select **ONE** of the following columns below to appear on the second line of your cards.

- Vehicle Description
 Customer Vehicle ID
 License Plate
 None

Department (optional) 8 character limit	License Plate 10 character limit	State 2 char	Vehicle Description (required) 17 character limit	Card Type		Customer Vehicle ID (optional) 17 character limit	
				Fuel Only	OR		Custom Control
SAMPLE: <i>Service</i>	<i>12345678</i>	<i>ME</i>	<i>06 Chevy Mini Van</i>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<i>Unit 123</i>
1.				<input type="checkbox"/>	OR	<input type="checkbox"/>	
2.				<input type="checkbox"/>	OR	<input type="checkbox"/>	
3.				<input type="checkbox"/>	OR	<input type="checkbox"/>	
4.				<input type="checkbox"/>	OR	<input type="checkbox"/>	
5.				<input type="checkbox"/>	OR	<input type="checkbox"/>	
6.				<input type="checkbox"/>	OR	<input checked="" type="checkbox"/>	
7.				<input type="checkbox"/>	OR	<input type="checkbox"/>	
8.				<input type="checkbox"/>	OR	<input type="checkbox"/>	

* Please note that purchase authority restriction may not be enforced if electronic authorization is inoperative...e.g., during system outage.

X

Signature

Print

Date

Complete the attached Product Controls form.

OPTY:

The Association of Pool & Spa Professionals Fleet Card Product Controls

Company Name: _____

1. Please review the preset limits below that apply to any cards you designate as Fuel Only.
2. **Check ONE** product group below. The limits apply to cards you designate as Custom Control Cards.
3. Provide a valid **email address**.
4. Sign the form and fax with the Fleet Card Information to _____.
5. Keep a copy of this form for your records. Remember, Customer Service cannot make future updates on your behalf, so make sure to keep your WEXOnline® User ID and Password accessible.

NOTE: You cannot use this form to change the preset limits shown below. Once you receive your User ID and Password, you can log in to WEXOnline to change these limits or to further customize individual cards. The limits below are based on our research that showed lower amounts may cause unnecessary declines which could impede the operation of a business.

PRESET CARD LIMITS (Preset limits cannot be changed with this form)			
FUEL ONLY			
These limits apply to Fuel Only cards if selected:	TRANSACTIONS PER DAY	\$ PER TRANSACTION	\$ PER DAY
Fuel	3	\$200	\$500
Roadside Assistance	2	\$200	\$500
CHECK ONE PRODUCT GROUP			
<input type="checkbox"/> FUEL & FLUIDS			
Fuel	3	\$200	\$500
Oil & Fluids	2	\$200	\$500
Roadside Assistance	2	\$200	\$500
<input type="checkbox"/> FUEL & SERVICE			
Fuel	3	\$200	\$500
Parts & Service	2	\$500	\$1,000
Quick Lube	2	\$300	\$500
Oil & Fluids	2	\$200	\$500
Roadside Assistance	2	\$200	\$500
<input type="checkbox"/> ALL PRODUCT TYPES			
Fuel	3	\$200	\$500
Parts & Service	2	\$500	\$1,000
Quick Lube	2	\$300	\$500
Oil & Fluids	2	\$200	\$500
Roadside Assistance	2	\$200	\$500
General Merchandise	2	\$100	\$200

Email address: _____

Additional Terms

By signing below, you request the controls ("Controls") indicated above will be applied to your account. The availability and effectiveness of such Controls is dependent upon each merchant's adoption of card specifications and the information transmitted to us by them. You understand and acknowledge that only transactions submitted to us for authorization are subject to Controls and that such Controls can only be enforced when the merchant provides sufficient information as part of the authorization. We reserve the right to modify Controls upon notice to you when such Controls, in our opinion, are set at a level such that they are ineffective and not in accordance with the goals of the Controls program. Default values will be assigned by us. You can modify these default settings by making your own election(s) through our online product. Additional important information related to Controls is also available online. We shall not be responsible for the prudence of any particular Control level you select. The existence and/or use of Controls shall not affect your liability for unauthorized use of Cards. You remain liable for transactions with unreported lost or stolen Cards and/or Card numbers and Driver Identification Numbers. You also will remain responsible to review fraud control data provided by us, such as purchase reports, for the purpose of detecting fraud that occurs within Control parameters.

X

Signature _____ Print _____ Date _____

Complete and fax with Fleet Card Information form to 1-800-831-4019.

OPTY: