

Shell Aviation Card Application



Company Information

Company Name

Contact Name

Business Type

State Company is Organized

Physical Address

City

State

Zip Code

Phone

Fax

E-mail

Federal Tax ID/SSN#

Tax Exempt

Yes

No

Dun & Bradstreet #
(if applicable)

Existing Shell Account #

BILLING INFORMATION

Billing Contact

Billing Address

City

State

Zip Code

Phone

Fax

E-mail

BANK INFORMATION

Direct Debit is the required form of payment for this account.

Bank Name

Account Number

Bank ABA/Routing #

Bank Address

City

State

Zip Code

Bank Contact

Phone

Fax

CREDIT REFERENCES

Company Name

Contact

Phone

E-mail

Account #

CARDS REQUESTED

Number of cards requested

Card Delivery Address
(if different from mailing)

Tail #s to be printed on cards
(Optional: please include the aircraft
type with each Tail #)

CREDIT LIMIT

Monthly credit limit you are applying
for:

AUTHORIZATION

Your signature hereon is your authorization for Eastern Aviation Fuels, Inc. to obtain information from the references provided. Additionally, your signature hereon is our authorization to withdraw funds from this bank account by means of Electronic Funds Transfer for payment of goods and services charged on Shell Aviation Fuel cards and processed by the Shell Aviation Card Processing Center. This arrangement does not affect your primary obligation to pay for these services. This authorization is to remain in effect until the Shell Aviation Card Processing Center is notified, in writing, of cancellation. By signing this agreement you agree that you have read, fully understand and accept the Shell Aviation Fuel Card terms and conditions provided on www.shellaviationcards.com. The source of funds is the operating revenue of the company. The company's business is transportation services.

Signature

Print Name

Title

Date

Citizenship

State/Country of Residence

I have read and agree to the
Terms & Conditions

Please e-mail completed application to Devi Crooks:

cardapps@easternaviationfuels.com

or mail to:

Shell Aviation Fuel Cards

PO BOX 12327

New Bern, NC 28561

For Internal Use Only

OFAC Check

Customers

Jurisdiction

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Eastern Aviation Fuels, PO Box 12327, New Bern, NC 28561, 800-334-5732 within 60 days from the date you are notified of a decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Southeast Region, 225 Peachtree Street NE Suite 1500, Atlanta, GA 30303