ADDENDUM TO THE MOTOR FLEET FUEL CREDIT CARD CONTRACT NO. 1510A BETWEEN WEX BANK, F/K/A, WRIGHT EXPRESS FINANCIAL SERVICES CORPORATION ("WEX") AND THE STATE OF NORTH CAROLINA ("STATE")

CREDIT INFORMATION Participating Entity 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.								
Participating Entity				Phone #		F	Fax#	
Write Participating Entity name as you wish it to appear on cards. Limit of 20 characters & spaces. Unless specified, no company name will appear on cards.								
Headquarters Name and Physical Address (Do not include PO Box) Applicant's Taxpayer ID # (TIN, FEIN or SSN)								
In Business Since (yyyy) Year of Incorporation (yy		уу)	Number of Vehicles		Avg Monthly Fuel Expendit		Avg Monthly Service Expenditures \$	
Billing Contact Bi			Billing Address		City		State Zip+4	
Designate the Fleet Contact 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 vehicles, driver and other information we may request.								
Authorized Fleet 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:								
Check here if business is exempt from motor fuels tax								
INFORMATION SHARING DISCLOSURE: 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.								
WEX complies with federal law which requires all financial institutions to obtain, verify, and record information that identifies each company or person who opens an Account. We will ask you for your name, address, date of birth, or other applicable information to identify you.								
TERMS								
Definitions: "Agreement" means: <u>Contract No. 405G effective November 1, 2012</u> for Fuel and Maintenance Card Management Services (the "Agreement") between the State of North Carolina ("State") and WEX Bank, f/k/a Wright Express Financial Services Corporation ("WEX").								
"Participating Entity" shall mean the Participating Entity as defined in Contract No. 405G permitted to purchase services under the Agreement, as specified in the Credit Information above.								
All other capitalized terms used in this Addendum without definition have the meanings set forth in the Agreement. Agreements of WEX and Participating Entity:								
1. Participating Entity represents that it is authorized by the laws of the State to enter into this Addendum and to participate under the Agreement.								
2. Participating Entity hereby requests the services of WEX described in the Agreement and agrees to perform all duties of a Participating Entity under the Agreement, including, without limitation, payment of all charges on its account(s) within the time periods provided under the Agreement, payment of any fees provided in the Agreement, and cooperation with respect to providing all necessary information for the administration of the Agreement. Participating Entity agrees to be bound by the terms and conditions of the Agreement, including, without limitation, rules for authorized and unauthorized use of cards, disputes of charges, reporting lost and stolen cards, and all other rules and provisions relating to use of Participating Entity's account.								
3. Participating Entity acknowledges that its failure to make timely payment in accordance with the terms of the Agreement and/or the Addendum may result in suspension or cancellation of the account(s). The undersigned represents and warrants that he/she is duly authorized to execute this Addendum on behalf of the Participating Entity and this Addendum is the valid and binding obligation of the Participating Entity, enforceable in accordance with its terms.								
4. Participating Entity acknowledges that this Agreement will not be binding and effective until WEX has also completed it.								
AUTHORIZED SIGNATURE REQUIRED								
Any person signing on behalf of the Participating Entity has been duly authorized by all necessary action of Applicant's governing body, and that the undersigned is authorized to make this application on behalf of the Participating Entity.								
Participating Entity:	WEX BANK							
By: By:								
	cting Agency's Aut			data al NI				
Printed Name: Title:				Printed Name:				
Date:				Date:				
				-				
Complete and sign addendum. Fax to 1-866-527-8873.								

 FOR OFFICE USE ONLY

 Opportunity Number
 Sales Code
 Plastic Type
 Coupon Code
 Account Number

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