



FLEET MANAGEMENT



WEX ENTERPRISE FLEET MANAGEMENT/PHILLIPS 66 APPLICATION

Fees: \$40 one-time setup fee, \$2 per card, per month

Tell us about your business

COUNTY OF SANTA BARBARA

Legal Name of Business

4434 CALLE REAL

Business Physical Address

SANTA BARBARA CA 93160

City

State

Zip

956002833

805-681-4947

Tax Payer Identification #

Company Phone #

Company Fax #

GOVERNMENT

Legal Structure(Corp, Partnership, LLC, Proprietorship, Gov, PCor PA)

of vehicles

271

\$

Years in Business

Average Monthly Fuel Exp.

Billing Contact Information

SHERIFF'S BUSINESS OFFICE

Billing Contact First Name

Billing Contact Last Name

805-681-4947

Billing Contact Phone #

4434 CALLE REAL

Billing Address

SANTA BARBARA

CA

93160

City

State

Zip

Authorization

By signing below, I represent and warrant that I am authorized to bind the Company to the terms & conditions of this offer and the Business Card Agreement, which is available upon request. I further acknowledge that I have read and agree to the Summary of Key Terms enclosed.

X [Signature]

8-17-21

Authorized Officer Signature

Date

BOB NELSON, CHAIR BOARD OF SUPERVISORS

Print Name

Email Address

Title of Applicant:

President Vice President Treasurer Owner Partner

Tell us about yourself

Required if this account is for a business incorporated less than one year, a proprietorship, a professional corporation, or a limited liability company.

First Name

Last Name

Residential Address

City

State

Zip

Social Security #

Date of Birth

Home Phone #

Email Address

I understand and acknowledge that by signing below, both the Company and I will be jointly and severally liable for all amounts owing on this account.

X [Signature]

Signature

BOB NELSON, CHAIR BOARD OF SUPERVISORS

Print Name

Date

Card Issuer is WEX Bank, member FDIC. EnterpriseFleetManagementPP

Sales Rep Name:

Phan Kaffka

Title:

Sr. Account Manager

Email:

Phan.Kaffka@efleets.com

Call:

310-864-3207

Opportunity #

4 Digit Group Code: 2FL4

Enterprise Employee

Initials: PND

Set up fee and monthly fee waived.

FOR OFFICE ONLY:

Sales Code	Plastic	Coupon Code	Acct. #
	ENP3		0496

SUMMARY OF KEY TERMS

Credit Disclosure: By submitting this application, Company requests a business charge account and if approved for credit, one or more business charge cards for use by Company and its employees. The Card Issuer is WEX BANK. Company agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the card(s). Use of any card issued pursuant to this application confirms Company agreement to said terms and conditions. In the event that this application is denied based upon information contained in a consumer credit report used to evaluate credit, Issuer is authorized to report the reason for the denial to the Company. Direct inquiries of businesses where the undersigned maintains accounts may also be made. If requested, Company agrees to provide company financial statements, including at minimum, a Balance Sheet and Income Statement for the last two years upon request.

Joint and Several Liability: If required, and if Bank issues card(s) to Company, both the Company and I am jointly and severally liable with the Company for all charges to the account established pursuant to this application. This is a guaranty of payment and not merely of collection. You agree to pay upon demand any amount owed by Company due under the Business Charge Account Agreement.

I understand that I am applying for commercial credit on behalf of the business. I authorize Issuer to obtain credit bureau reports, both personal (if required) and in the name of the Company, that may be used when considering this application for credit and any other information about me in connection with: 1) extensions of credit on this account; 2) the administration, review or collection of this account. I agree that I may be contacted at any of the numbers that I have provided. In the event that the account is not paid as agreed, Issuer may report my liability (both personally and for the Company) to credit bureaus or others that may lawfully receive such information.

Federal Compliance: Issuer 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. 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.

Certification of Beneficial Ownership

I. GENERAL INSTRUCTIONS

What is this form?

Federal regulations now require **all banks** to verify the ownership of certain business types when they open a new account.

You will be asked to identify any beneficial owners of this business, plus one person with significant managing control. The required information includes Name, Address, Date of Birth, and Social Security Number (or Passport Number, in the case of foreign persons). The Bank may also ask to see a copy of a driver's license or other identifying document for each person listed on this form.

To learn more about this requirement: Visit wexinc.com/beneficial-ownership

To submit this information: Fax the completed form to 800-374-4568, or mail it to WEX Inc., P.O. Box 639, Portland, ME 04104-9814.

II. ACCOUNT OPEN INFORMATION

The person opening an account on behalf of this business must provide the following information:

Name of Person Opening Account

Title

COUNTY OF SANTA BARBARA
Business Name

4434 CALLE REAL, SANTA BARBARA, CA 93160
Physical Address of Business (No P.O. Boxes)

GOVERNMENT
Legal Structure

If your legal structure is exempt (see list on right), check "Exempt" below and skip Sections III, IV and V.

Exempt

III. BENEFICIAL OWNERS

Identify **up to four** beneficial owners of this business, or individuals (if any) who own 25 percent or more of the equity interests. **If no individuals meet this definition, check "Beneficial Owner Not Applicable" below and skip this section.**

Beneficial Owner Not Applicable

All fields are required for each beneficial owner, except as noted below:

- **For persons with a Social Security Number (SSN):** Provide the SSN and leave Passport/Other Government ID # and Issuing Country blank.
- **For foreign persons without a SSN:** Leave SSN blank and provide a Passport Number (or Other Government ID #) and the Issuing Country.

Which businesses have to provide this information?

Required

The following legal entities must provide the requested information:

- Corporations
- Limited Liability Companies
- Partnerships
- Any other similar business entities formed in the United States or a foreign country.

Exempt

The following legal entities are exempt from this requirement:

- Non-Statutory Trust
- Bank/Bank Holding Co/Credit Union
- Federal/State/Local Government Agency or Authority
- Public Company and Majority Owned Affiliate
- Investment Company/Adviser
- Public Accounting Firm
- Insurance Company
- Non-Profits (Must identify a person with control. See Section IV)

NOTE: The following do not meet the definition of legal entity, and are not required to submit this form:

- Natural Person
- Sole Proprietorship
- Unincorporated Association

The info provided on this form is for validation or consumer verification only. It will not affect personal credit or imply liability.

Beneficial Owner 1

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Date of Birth (mm/dd/yyyy)	_____ City
_____ Social Security #	_____ State/Province
_____ Passport/Other Government ID #	_____ Country of Residence
_____ Issuing Country	_____ Postal Code

Beneficial Owner 2

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Date of Birth (mm/dd/yyyy)	_____ City
_____ Social Security #	_____ State/Province
_____ Passport/Other Government ID #	_____ Country of Residence
_____ Issuing Country	_____ Postal Code

Beneficial Owner 3

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Date of Birth (mm/dd/yyyy)	_____ City
_____ Social Security #	_____ State/Province
_____ Passport/Other Government ID #	_____ Country of Residence
_____ Issuing Country	_____ Postal Code

Beneficial Owner 4

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Date of Birth (mm/dd/yyyy)	_____ City
_____ Social Security #	_____ State/Province
_____ Passport/Other Government ID #	_____ Country of Residence
_____ Issuing Country	_____ Postal Code

IV. PERSON WITH CONTROL

Identify one individual with significant responsibility for managing this business — for example, an executive officer, senior manager, or any other person who regularly performs similar functions. If appropriate, an individual listed as beneficial owner above must also be listed in this section. **If no beneficial owners are listed above, this information is still required.**

_____ BOB First Name	_____ Residential Address (no P.O. Boxes)
_____ NELSON Last Name	_____ Address Line 2 (optional)
_____ CHAIR, BOARD OF SUPERVISORS Title	_____ City
_____ Date of Birth (mm/dd/yyyy)	_____ State/Province
_____ Social Security #	_____ Country of Residence
_____ Passport/Other Government ID #	_____ Postal Code
_____ Issuing Country	

V. CERTIFIED/AGREED TO

I, BOB NELSON, CHAIR BOARD OF SUPERVISORS, hereby certify, to the best of my knowledge,
Print Name

that the information provided above is complete and correct.

Signature

8-17-2021
Date



We see corporate payments differently.

Thank you for your interest in our Tax Exemption and Reporting Program

The WEX Tax Exemption and Reporting Program can significantly reduce accounting and administrative time for qualified fleets exempt from motor fuel excise taxes or certain sales taxes — at Federal, state, county or local levels.

Benefits include:

- Net billing of federal excise tax on applicable fuel purchases at any location.
- Net billing of state, local, county and special tax on applicable fuel purchases at participating merchant brands based on local tax laws.
- Detailed reporting of the purchase data and tax exemption.

Exemptions are dependent upon several factors, such as your tax-exempt status for fuel purchases, the taxing jurisdiction's laws, regulations and requirements, and for most state, county and local taxes, merchant participation. In the event that a transaction cannot be billed "net of tax", you will receive detailed reporting showing the full purchase price and the tax paid.

Before we can start billing you net of applicable taxes on fuel transactions based upon your eligibility, you will need to complete the following required documentation:

- 1 Tax Exemption and Reporting Program Enrollment form (enclosed)
- 2 Certificate of Buyer of Taxable Fuel form for federal exemptions (enclosed)
- 3 Any required State forms – obtain these from the appropriate state governing body.

Please review the enclosed Frequently Asked Questions sheet for helpful information on the program.

IMPORTANT: You must fill out all forms completely and accurately in order to avoid delays in your program enrollment, so please follow the instructions on the enrollment form carefully.

IRS regulations require that WEX Inc obtain from you, your certification that you are eligible to receive exemptions from federal excise taxes. For all other taxing jurisdictions (state, county, local) you may need to submit similar certifications as required by the different taxing jurisdictions. The state certifications may, in most cases, be obtained from the appropriate state's tax department. **WEX must have all applicable documents on file prior to providing you with exemptions.** It is the customer's responsibility to make sure WEX has all of the necessary current forms properly filled out in order to be billed "net of tax".

If you have any questions about the program or the enclosed materials, please call us at **1-866-841-3542.**

Thank you for your business, and we look forward to providing you with the benefits of this comprehensive Tax Exemption and Reporting Program.

Sincerely,

WEX Inc. Tax Exempt Department



We see corporate payments differently.

Tax Exemption & Reporting Program Frequently Asked Questions

Q: If my fleet begins fueling before I have provided all necessary tax exemption paperwork, what will occur?

We will not be able to bill you net of taxes or report tax exemptions until we have received all necessary forms and completed the qualification and setup process.

Q: When will taxes begin to be exempted?

Once we receive all the properly completed forms, we will complete the tax exemption setup in approximately 3 business days. We will then begin calculating applicable exemptions. It is your responsibility to notify us of any errors or omissions that you feel may have occurred. If you notice any problems, contact the tax department at 1-866-841-3542.

Q: How can I determine my fleet's tax-exempt status for fuel, as well as what type of forms I need?

Contact your local Department of Revenue for free help and answers regarding your tax-exempt status for fuel and necessary forms. They can best assist you with questions of this nature.

Q: Will my fleet be exempted from federal fuels excise taxes?

Yes if you are a qualified entity. Federal law effective January 1, 2006 allows a card issuer to invoice qualified fleets net of federal gasoline and federal diesel excise tax for transactions that occur wherever cards are accepted in all 50 states. In order to be exempted from federal fuels excise taxes, you will need to complete a Certificate of Buyer of Taxable Fuel in the name of the card issuer.

Q: Does my tax-exempt status apply in all states and localities?

The local Department of Revenue, in each state that your fleet will be fueling, will be able to help you determine exemption eligibility for each state and locality respectively.

Q: Will I receive state and local exemptions anywhere I can fuel with the card?

Not necessarily. Merchant brand participation in our tax program is optional in most states. Merchant participation is not necessary in the following states: Maine, Georgia, Michigan, North Carolina, Alabama, New York and New Jersey.

Q: What do I do if my tax-exempt status changes?

You should immediately notify us by calling the WEX Inc Tax Exempt Department at 1-866-841-3542.

Q: Do any of these forms expire and if so will I be notified prior to the expiration?

Yes. Federal forms expire every 24 months and certain state forms expire as well. Starting at 120 days prior to the expiration of your tax exemption form(s), we will send you three monthly reminders that renewed forms are required. If we have not received renewed tax exemption forms by the expiration date, the tax exemption process will cease until we receive the necessary paperwork and no credits will be given.

Q: Will my fleet be exempted from taxes on non-fuel products?

The Tax Exemption Program provides applicable tax exemption and reporting for **motor fuel taxes only**; however, merchants may