

**ADDENDUM TO THE FUEL CARD SERVICES AGREEMENT BETWEEN  
WEX BANK, FORMERLY WRIGHT EXPRESS FINANCIAL SERVICES CORPORATION ("WEX")  
AND SOURCEWELL, FORMERLY THE NATIONAL JOINT POWERS ALLIANCE ("NJPA")  
("SOURCEWELL")**

**CREDIT INFORMATION**

Participating Entity has requested a credit account pursuant to the Vendor Agreement #04216-WEX ("Agreement") entered into between Sourcewell (formerly the National Joint Powers Alliance ("NJPA") ("Sourcewell") and WEX Bank, formerly Wright Express Financial Services Corporation ("WEX") and thereby creating the program ("Program") by which to enroll participants ("Participating Entity"). By enrolling in this Program, the Participating Entity named below agrees that in the event their account is not paid as agreed, WEX 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 <b>Collin County</b>			Phone # <b>972-548-4165</b>	Fax# <b>972-548-4694</b>
Headquarters Name and Physical Address (Do not include PO Box) <b>COLLIN COUNTY PURCHASING, 2300 BLOOMDALE RD. STE. 3160, MCKINNEY, TX 75071</b>				
Sourcewell (fka NJPA) Member ID Number <b>42707</b>			Applicant's Taxpayer ID # (TIN, FEIN or SSN) <b>75-6000873 - COUNTY GOVERNMENT</b>	
In Business Since (yyyy)	Year of Incorporation (yyyy)	Number of Vehicles <b>250</b>	Avg Monthly Fuel Expenditures <b>\$10,000</b>	Avg Monthly Service Expenditures <b>\$</b>

**ACCOUNT SETUP INFORMATION**

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.

**COLLIN COUNTY**

Billing Contact <b>ACCOUNTS PAYABLE</b>	Billing Address <b>2300 BLOOMDALE RD. STE# 3100</b>	City <b>MCKINNEY</b>	State <b>TX</b>	Zip+4 <b>75071</b>
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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 <b>JENNIFER SELVAGE</b>	Title <b>FLEET ADMINISTRATOR</b>	Phone # <b>972-548-3741</b>	Fax #
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Mailing Address (if different from billing address) <b>700A WILMETH RD.</b>	City <b>MCKINNEY</b>	State <b>TX</b>	Zip+4 <b>75069</b>
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Email address (required to take advantage of product type card controls)  
**JSELVAGE@COLLINCOUNTYTX.GOV - BILLING: ACCOUNTSPAYABLE@COLLINCOUNTYTEXAS.GOV**

☒ Check here if business is exempt from motor fuels tax

**TERMS**

1. This Addendum ("Addendum") is to allow the Participating Entity to participate under the Agreement between WEX and Sourcewell. It does not modify, amend or change the Agreement in any way.
2. Participating Entity hereby requests the services of WEX described in the Agreement and agrees to perform all duties required under the Agreement, including, without limitation, timely payment of all charges (including any additional fees) on its account(s). 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, or for government entities subject to a Prompt Payment Act, may result in suspension or cancellation of the account(s).
4. **INFORMATION SHARING DISCLOSURE:** Information regarding Participating Entity transactions may be provided to Sourcewell accepting merchants or their service providers.
5. **Compliance with Federal Law:** Our bank 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 Participating Entity: when you open an account, we will ask for your name, Address, date of birth, and other information that allow us to identify you. We may ask to see your driver's license or other identifying documents for your Business.
6. **DISCLAIMER: THIS IS AN APPLICATION FOR SERVICES AND SHALL NOT BE BINDING UPON WEX UNTIL FINAL CREDIT APPROVAL HAS BEEN GRANTED BY WEX.**
7. This Addendum shall become effective August 14, 2018.

Any person signing on behalf of the Participating Entity has been duly authorized by all necessary action of Participating Entity's governing body, and that the undersigned is authorized to make this application and accept the terms referenced herein on behalf of the Participating Entity.

Signature: _____	Print Name: _____
Title: _____	Date: _____

**Complete and sign addendum. Fax to 1-866-527-8873.**

<b>FOR OFFICE USE ONLY</b>	Oppty Number	Sales Code <b>10900203</b>	Plastic Type <b>SOURCEWELL</b>	Coupon Code	Account Number <b>04</b>
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