

Business Elite Online Reporting (BEOR) Enrollment



Program Administrators are able to view and download transaction data on BEOR for all the company's Business Elite credit cards. Program Administrators are also able to grant access to additional Program Administrators and Cardholders.

- 1. Add the names and other required information to the form below.**
You may provide additional cardholder information on a separate sheet.
- 2. Have this form signed by an owner, officer, or authorized company contact of the company.**
- 3. Return the form as instructed below.**

Full Company Name

Please provide one of your Business Elite Card account numbers:

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Program Administrator #1

Last Name	First Name	E-Mail Address	Telephone Number	Requested User Name – (optional) minimum 7 characters	Are you a current card holder? <input type="checkbox"/> Yes <input type="checkbox"/> No

Program Administrator #2

Last Name	First Name	E-Mail Address	Telephone Number	Requested User Name – minimum 7 characters (optional)	Are you a current card holder? <input type="checkbox"/> Yes <input type="checkbox"/> No

Program Administrator #3

Last Name	First Name	E-Mail Address	Telephone Number	Requested User Name – minimum 7 characters (optional)	Are you a current card holder? <input type="checkbox"/> Yes <input type="checkbox"/> No

Cardholders Cardholders are able to view and download transactions for their own Business Elite credit card.

Cardholder #1

Last Name	First Name	E-Mail Address	Telephone Number	Requested User Name – minimum 7 characters (optional)

Cardholder #2

Last Name	First Name	E-Mail Address	Telephone Number	Requested User Name – minimum 7 characters (optional)

Cardholder #3

Last Name	First Name	E-Mail Address	Telephone Number	Requested User Name – minimum 7 characters (optional)

You agree to the General Terms of Use available at www.wellsfargo.com/privacy_security/terms. You agree to defend, indemnify and hold harmless Wells Fargo, its affiliates and their respective directors, officers, employees and agents from and against all claims and expenses, including attorneys' fees, arising out of your violation of these Terms of Use or misuse of the Service or Site, including such violation or misuses conducted by your employee or agent, if applicable.

X

Name	Owner, Officer, or Authorized Company Contact Signature	Title	Date
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Please fax the completed and signed form to 1-877-531-8803, or send by mail to:

Wells Fargo Bank, N.A., Business Elite Card, P.O. Box 29482 MAC S4101-07A, Phoenix, AZ 85038-8650

For Fulfillment Only accounts—No customer signature required. The Wells Fargo Relationship Manager can submit on behalf of the customer. Relationship Manager is responsible for obtaining customer approval/agreements and performing compliance functions in support of the request.

Banker Information (if applicable) must be completed for Fulfillment Only accounts

Last Name	First Name	Telephone Number	Banker AU#