

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF GEORGIA**

**MANDY MORRISON**, individually, and  
on behalf of all others similarly situated,

Plaintiff,

v.

**FLEETCOR TECHNOLOGIES  
OPERATING COMPANY, LLC**,

Defendant.

Case No. 1:21-cv-03950-TWT

**CONSENT TO JOIN**

1. I consent to the filing of this form in, and to join and become a plaintiff in the above-captioned collective action lawsuit, to pursue my claim of unpaid overtime wages for all hours worked against FleetCor Technologies Operating Company, LLC while working as an hourly call center agent, at any time within the period of September 2018 to present.
2. I understand that this lawsuit seeks unpaid overtime wages, liquidated damages, and attorneys' fees and costs under the FLSA and similar relief under applicable state wage-and-hour laws. I consent to be bound by the Court's orders and decisions in this case.
3. I designate the law firms and attorneys at Brown, LLC and The Orlando Firm, P.C. as my attorneys to represent me in this lawsuit.
4. I consent to having the Named Plaintiff Mandy Morrison pursue this lawsuit in my name, and on my behalf, and I designate the Named Plaintiff to make decisions on my behalf concerning the litigation, including decisions regarding settlement or trial, negotiating a resolution of my claims and entering into an agreement regarding attorneys' fees and costs, and I understand and agree to be bound by such decisions.
5. In the event my claims are dismissed or withdrawn from the above-captioned lawsuit without prejudice, I authorize Plaintiffs' counsel Brown, LLC to use this consent form to re-file my claims in a separate or related action against FleetCor Technologies Operating Company, LLC.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**ADDITIONAL INFORMATION**  
*(Privileged and Confidential)*

**Please enter the following information. This information will not be filed with the Court:**

**Address:** \_\_\_\_\_ **Tel. Number:** \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City, State, Zip Code* **E-mail Address:** \_\_\_\_\_

*(Please provide any future updates to your contact information while the case is pending)*

**Dates Employed by  
Defendant:**

\_\_\_\_\_ *Starting month/year* \_\_\_\_\_ *Ending month/year*

**Position(s)  
Held:**

\_\_\_\_\_  
*If you held multiple positions,  
please include dates for each*

**Work Location(s):**

\_\_\_\_\_  
*City/State*

**RETURN COMPLETED CONSENT-TO-JOIN FORM TO:**

Brown, LLC  
111 Town Square Place, Suite 400  
Jersey City, NJ 07310  
(877) 561-0000 (office); (855) 582-5297 (fax)  
[flsagroup@jtblawgroup.com](mailto:flsagroup@jtblawgroup.com)

*You may return your form by mail, fax, e-mail, or electronic signature.*