



CARD REQUEST FORM

Date: _____

CUSTOMER NAME: _____

ACCOUNT NUMBER: _____

PHONE NUMBER: _____

FAX NUMBER: _____

CONTACT PERSON: _____

AUTHORIZED SIGNATURE: _____

CFN SECURITY FEATURES

IMPORTANT: PLEASE NOTE YOUR CARD WILL WORK ONLY AT THE HOURS, DAYS AND NUMBER OF TRANSACTIONS SPECIFIED BELOW.

You can set up every card with the same criteria, or you can customize each card with individual criteria and limits.

YES _____ Please use the criteria for the first card listed for all of my cards so they have the same security profile.

PLEASE FILL IN YOUR CARD REQUIREMENTS BELOW

Driver Name or Vehicle Description	Vehicle Number	Odometer	On-Site Manual Entry	Gallon Limit	Fuel Requirements	On-Site Oil	Hours to Fuel	Days to Fuel	Transactions & Gallons per Day
For your information, not necessary for processing	Up to 4 digits	Yes or No?	Input vehicle or employee number	Per transaction, based on fuel tank size.	All Fuels; Diesel only; Reg. Unl. Only; All Gasoline,	Yes or No?	Example: 6am to 6pm, or 24 hour	Example: Mon - Fri Mon - Sat, All	Example: 6 / 100
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