



FLEETWIDE DRIVER CARD REQUEST FORM

Date: _____ Account Number: (office use only) _____

Company Name: _____ Email Address: _____

Contact Person: _____ Contact Phone Number: _____

By signing this form, you are accepting full responsibility for the use of the cards created for you and all costs associated with their use. Never leave the Driver ID number (PIN) with a card. Contact our office immediately if a card is lost or stolen.

Authorized Signature: _____

FOR DRIVER CARDS PLEASE FILL IN ALL COLUMNS BELOW

Driver Name or Vehicle Description on the card					Days to Fuel	Hours to Fuel	Number of Transactions per Day			Approved Changes (Required)
<u>Examples:</u> John Doe, or Ford F250					<u>Examples:</u> Mon to Sun, Mon to Fri, or All Days	<u>Examples:</u> 8am to 5pm, or 24 hrs	<u>Examples:</u> Minimum of 6 (washroom use is a transaction)			Initials here