



FLEETWIDE VEHICLE 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 VEHICLE CARDS PLEASE FILL IN ALL COLUMNS BELOW

Driver Name or Vehicle Description on the card	Vehicle Number	Gallon Limit per Transaction	Fuel Requirements Input	On-Site Oil				Gallon Limit Choose Day, Week or Month	List states allowed to fuel in	Approved Changes (Required)
<u>Examples:</u> John Doe, or Ford F250	Up to 4 digits; (Required for 2 card system)	Based on fuel tank size	A = All Fuels B = Diesel Only C = All Gas D = Reg Only E = Other (list)	Yes or No Some sites may have an engine oil jug dispenser				<u>Examples:</u> 30 per day 30 per week 100 per month	<u>Examples:</u> All states, or California & Nevada, or Arizona Only	Initials here