

FLEETWIDE DRIVER PROFILE REQUEST FORM

Date:	Account Number: (office use only)									
Company Name:						-				
Contact Person:										
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 PROFILE PL	EASE FILL IN	ALL COLUMN	IS BELOW							
Driver Name					Days to Fuel	Hours to Fuel	Number of Transactions per Day			Approved Changes (Required)
<u>Examples</u> : John Doe					Examples: Mon to Sun, Mon to Fri, or All Days	Examples: 8am to 5pm, or 24 hrs	Examples: Minimum of 6 (washroom use is a transaction)			Initials here
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