

FLEETWIDE SINGLE CARD REQUEST FORM

Date:		Account Num	ber: (office use	only)						
Company Name:	Email Addres	Email Address: Contact Phone Number:								
Contact Person:	Contact Phor									
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. Iever leave the Driver ID number (PIN) with a card. Contact our office immediately if a card is lost or stolen.										
Authorized Signature:										
FOR SINGLE CARDS PLE	ASE EILL IN A		BELOW/							
Driver Name or Vehicle	Vehicle	Gallon Limit	Fuel	On-Site Oil	Days to Fuel	Hours to Fuel	Number of	Gallon Limit	List states	Approved
Description on the card	Number	per	Requirements				Transactions	Choose	allowed to	Changes
		Transaction	Input				per Day	Day, Week or	fuel in	(Required)
			-					Month		(
<u>Examples</u> : John Doe, or Ford F250	Up to 4 digits; (Required for 2 card system)	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> : Mon to Sun, Mon to Fri, or All Days	<u>Examples</u> : 8am to 5pm, or 24 hrs	Examples: Minimum of 6 (washroom use is a transaction)	Month Examples: 30/day, or 30/week, or	Examples: All states, or California & Nevada, or Arizona Only	Initials here
	(Required for 2	tank size	B = Diesel Only C = All Gas D = Reg Only	Some sites may have an engine oil jug	Mon to Sun, Mon to	8am to 5pm, or 24	Examples: Minimum of 6 (washroom use is a	Month Examples: 30/day, or 30/week, or, 100/month	<u>Examples</u> : All states, or California & Nevada, or	
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