CUSTOMER CARD INFORMATION FORM

Customer Name:_____

Address:_____

City:_____State:_____ Zip:_____

Phone: (_____)_____ FAX: (_____)_____

FCF Sales Representative: _____

Please complete the following:

A. How many cards are needed? _____

B. Type of cards needed? (Check all that apply.)

❑ Single Cards ❑ Single Cards with encoded vehicle #'s ❑ Dual Cards

C. How would you like your invoice sorted? (Please check one.)

❑ By card number ❑ By vehicle number ❑ By manual number

Complete letters D - G if ALL cards will be programmed the same. Use the other side to identify programming for individual cards.

D. What product combination should this card be authorized to purchase? (Check **ONE**.)

❑ All Fuels
❑ Diesel
❑ Gasoline
❑ Dyed Diesel

Note: Product restrictions cannot be guaranteed in the event of equipment failures or with outdated equipment.

E. Do you wish the driver to enter any of the following information?

❑ 4 - PIN Only
❑ 5 - Odometer & PIN
❑ 6 - Manual & PIN
❑ 7 - Odometer, Manual & PIN

F. What gallon limit would you like PER FILL UP?

❑ 1 - 10
❑ 2 - 20
❑ 3 - 30
❑ 4 - 40
❑ 5 - 50
❑ 6 - 75
❑ 7 - 150
❑ 8 - 250

Note: Gallon fill-up codes at branded retail locations (i.e. Shell, Chevron, etc.) may be controlled by the brand equipment and not your fueling card!

G. What store items do you authorize your driver(s) to purchase at FCF SITES ONLY? (Please check **ONE**.)

❑ Oil only ❑ Oil, other fluids & small parts ❑ Anything in the store ❑ None

Please complete the reverse side...