

Fleet Card Fuels

P.O. Box 81685
Bakersfield, CA 93380
(661) 321-9961

On Line Authorization Form for Account Management

Customer Name: _____

Email Address: _____

Customer Account Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Fax: _____

Please print the name of your authorized personnel allowed access to Fleet Card Fuels Internet Account Management and Card Request capabilities:

Authorized Personnel (1): _____

Authorized Personnel (2): _____

Signature(s): _____
Authorized Personnel (1) **Authorized Personnel (2)**

By signing below I release Fleet Card Fuels of any liability for any disputes or charges from transactions related to the Internet. The passwords should be limited to the authorized personnel, and any changes or deletions to the authorized personnel must be in writing and at least two business days in advance. Once this form is received, Fleet Card Fuels will contact you to assign the on line passwords.

FAX FORM BACK TO (661) 321-9013 ATTN: Stephanie Castro

Owner's/Officer's Signature: _____

Print Owner's/Officer's Name: _____

Date: _____