



CARD ORDER FORM



115 EAST MAIN STREET • PURCELLVILLE, VIRGINIA 20132 • 540-338-6457 • FAX: 540-338-6401

PLEASE FILL IN YOUR REQUIREMENTS PER CARD.

Account Number _____

FUELING FACILITY ADDRESS:

103 Hirst Road, Purcellville, VA 20132

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Authorized Contact: _____ Email: _____

IMPORTANT SECURITY FEATURES:

Please answer below to limit days of the week, hours and number of transactions per day, each driver can fuel.

DRIVER NAME OR VEHICLE DESCRIPTION <small>For Your Information</small>	VEHICLE NUMBER <small>Any number you wish to supply up to 4 digits</small>	GALLON LIMIT Per Transaction <small>State size of fuel tank</small>	FUEL REQUIREMENTS <small>Specify one, two, three or all products per card</small>	HOURS TO FUEL	DAYS OF WEEK TO FUEL	# OF TRANSACTIONS PER DAY
EX Dave Driverman	6789	50	Diesel	<input checked="" type="checkbox"/> 24 Hrs. Other _____	<input checked="" type="checkbox"/> ALL Other _____	3
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
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				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	

*CARD RESTRICTIONS ARE ONLY GUARENTEED AT SITE OWNED AND OPERATED BY COMMERCIAL FUELING 24/7.