



CARD ORDER FORM

117 NORTH BAILEY LANE • PURCELLVILLE, VA 20132 • 540-338-6457

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 (Billing Statements will be itemized according to this list)</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 Gas, Diesel, Dyed Diesel, or All Products per card</small>	DOLLARS PER DAY LIMIT	REQUIRE ODOMETER TRACKING? <input type="checkbox"/> Yes <input type="checkbox"/> No	# OF CARDS
EX Dave Driverman	6789	50	Diesel	\$ 150.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	1
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	2
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	3
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	4
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	5
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	6
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	7
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	8
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	9
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	10
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	11
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	12
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	13
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	14
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	15
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	16
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	17
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	18

**** BOTH NEW AND REPLACEMENT CARDS WILL BE BILLED AT \$15 EACH ****