



Fleetwide Card Requirement Form
Required

Customer Name _____

Account Number _____

335 Mill Rd * PO Box 1308 * Lewiston, ID 83501
Telephone (208) 799-2000 * Toll Free (888) 799-2000
Fax 208-799-2008 Website www.colemanoil.com

Please fill in your requirements per card

Card Description Single Card = Name on Card Vehicle Card = Vehicle Description, See below* (Appears on Card)	Single Card Only 5 Digit I.D. # (cannot start with 0)	Optional Vehicle # (4 Digits)	Fuel Requirements (All fuels, All Diesel, On-Road Diesel Only, Off-Road Diesel Only, Regular Unleaded Only, On-Road Diesel & Regular Unleaded)	Optional: Daily/Weekly/Monthly Gallon Limit (Yes or No) If Yes, indicate type and gallon limit (Default is daily, 500 gallon limit)	Days of the week to fuel (M-F, M-Sat, All, Other___)	Hours to Fuel (6am-6pm, 5am-8pm, 24 hrs, Other_____)	Restrict States? (If yes indicate which States are allowed)	Daily Transactions limits Default 3 times per day & 150 gallons per fill	Emailed Transaction Confirmation Yes or No

Get 24/7 Access to your fueling account to better manage your fuel consumption contact us today to find out how! You can also sign up for CFN Card Watch to receive Electronic Notifications of your purchases, includes card number, site number and day & time fuel limits for enhanced tracking.

Driver Name *Only for use with Vehicle Card System & Floating I.D. #	Driver 5 Digit I.D. # (cannot start with 0)	Driver Daily Transactions limits Default 3 times per day & 150 gallons per fill	Driver Name *Only for use with Vehicle Card System & Floating I.D. #	Driver 5 Digit I.D. # (cannot start with 0)	Driver Daily Transactions limits Default 3 times per day & 150 gallons per fill
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		