Account Set Up – Local Platform

This document is for Internal Use Only. Do not distribute to fleet customer.

Fleet/Company Name_____
(**Exactly as to be printed on cards**, 29 character space limit)

Sales Consultant:_____Date:_____

Offers/Promotions

Rebate Affiliation Code:_____

Invoice & Activity Report

Copy 1 (choose one)	☐ Email ☐ Fax	_____ _____	☐ Regular Mail	_____ _____
Copy 2 (choose one)	☐ Email ☐ Fax	_____ _____	☐ Regular Mail	_____ _____
Copy 3 (choose one)	☐ Email ☐ Fax	_____ _____	☐ Regular Mail	_____ _____

Pricing Information

This Section for Tiered Pricing Only

Pump ☐ (Check if pump)	Unleaded	+. ___ ___ ___
Pump + .___ ___ ___	Unleaded Plus	+. ___ ___ ___
Pump - .___ ___ ___	Unleaded Prem	+. ___ ___ ___
Cost + .___ ___ ___	Diesel #2	+. ___ ___ ___

Better of Pricing

☐ Cost Plus _____ vs. Pump
OR
☐ Cost Plus _____ vs. Pump Adj.

Account Set Up Options

1) Use Departments?	☐ Yes ☐ No	8) Enforce Fuel Type?	☐ Yes ☐ No (soft control only)
2) Where the cards can be used? (Network)	☐ All Fleet One locations ☐ Private Label locations only ☐ Only specific locations** ☐ Everywhere except specific locations** **list specific locations in special instructions	9) Tax Exempt?	☐ Yes ☐ No If Yes, include tax exemption forms.
3) Driver #'s?	☐ Range ☐ Match	10) On the card plastic (the physical cards), select up to 2 of the following options you would like printed (embossed) on your cards: ☐ Unit/Vehicle Description ☐ Driver Name ☐ Other – Specify:_____	
4) Odometer Required?	☐ Yes ☐ No (If "no" driver inputs "0" into POS)		
5) P/O Required?	☐ Yes ☐ No (limited availability)	11) Internet Password? ☐ Yes ☐ No	_____ (Alpha and/or Numeric)
6) Reset Fuel $ Limits?	☐ Weekly ☐ Daily		
7) Enforce Gallon Limit?	☐ Yes ☐ No (soft control only)	12) Send order to:	☐ Customer Physical Address or ☐ Customer P. O. Box or ☐ Sales Consultant (address needed in NAT) or insert special instructions below

13) Special Instructions:_____
_____

Fees (If information is entered in NAT, it is not needed below)

Fee(s) Waived	Amount	Reason Waived
_____	$_____	_____
_____	$_____	_____
_____	$_____	

Fleet Card
Vehicle / Driver Information

Company Name:_____ Fleet Contact:_____ Date:_____

Fleet Account #:_____ Sales Code:_____

(Existing Accounts) (Input by Fleet Card Consultant)

Vehicle Information

Driver Information

Vehicle # / Unit Description *Up to 19 letters/numbers*	Dept. # *4 digits (Opt)*	Dept. Name *Up to 30 letters/numbers (Optional)*	Gallon Limit *(Per Purchase) (Optional) 4 digits*	Preferred Fuel Type *(*See bottom of page) Select one*	Max Daily Limit/Fuel *Up to $750*	Maint. Limit/ Car Wash *Up to $2500*	Additive Limit *Up to $750*	Max Daily Limit/Misc. *Up to $750*	Driver Name *Last, First - Up to 20 letters*	Driver # *4 Digits*

*Preferred Fuel Types 0=All 2=Reg Unl 3=Unl Prem 4=Unl Plus 5=Diesel

When the Card is used to pay at the pump within the fueling network, hard controls including product restrictions cannot be guaranteed. However violations are indicated on the customer's transaction report.

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