

# PARKER FUEL FREEDOM FLEETWIDE CARD ORDER FORM

# FLOATING PIN SYSTEM

COMPANY / CUSTOMER NAME:				DATE:			
ADDRESS:							
CITY:				STATE:		ZIP:	
PHONE NUMBER:				FAX NUMBER:			
CONTACT PERSON:				TAX EXEMPTION CLAIMED (PLEASE CIRCLE ONE) : YES NO			

EMAIL ADDRESS:

VEHICLE CARD DESCRIPTION	FUEL TYPE ALLOWED FUEL TYPE RESTRICTION NOT AVAILABLE AT ALL LOCATIONS. USED FOR REPORTING EXCEPTIONS.					AUTO PRODUCTS  ( OIL ) ( DEF )	TANK CAPACITY	MAX GALLONS PER DAY.  NEED THIS FOR FRAUD PROTECTI ON. <b>REQUIRED</b>	ENFORCE MAX GALLON PER DAY? YES=CUT OFF CARD ***** NO=REPT ONLY	VEH. #  MUST BE 4 DIGITS
	REG UNL.	MID UNL.	PREM. UNL.	DIESEL	OFF RD. DSL					

EX	DUMP TRUCK 1234	X	X	X	X	X	OIL	40	100	YES OR NO	1234
1											
2											
3											
4											
5											
6											
7											

DRIVER NAME : Ex: <i>John Smith</i>	Choose Pin Uses Per Day. Default is 2	Pin# 5 digits Cannot begin with ZERO	DRIVER NAME : Ex: <i>John Smith</i>	Choose Pin Uses Per Day. Default is 2	Choose Pin# 5 digits
1		5			
2		6			
3		7			
4		8			

Please ask our sales staff about other available card security options such as **TIME AND DAY OF WEEK** restrictions, and exception reporting.

South Hill Office: P.O. Box 120, South Hill Va., 23970 (434) 447-3146 FAX (434) 447-2646  
Suffolk Office: 1430 Holland Road, Suffolk, Va. 23434 (757) 539-2358 FAX (757) 934-0500

