

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 SELECT : YES NO			

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. REQUIRED	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	Choose Pin# 5 digits		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

