



Business Name: _____

CARD SET-UP INFORMATION – PLEASE TELL US HOW YOU WOULD LIKE YOUR CARDS SET UP

7	1. Choose Driver or Vehicle Cards		
<input type="text"/> <input type="text"/>	Number of Driver Cards	<input type="text"/>	Number of In Station Cards
<input type="text"/> <input type="text"/>	Number of Vehicle Cards	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Station Number (see station manager)

2. If you choose to have Driver Cards, please fill out this section:

Driver ID #	Driver Name (First)	Driver Name (Last)	Prompts Requested 1-Driver ID & Odometer** 2-Vehicle ID & Odometer** 3-Odometer 4-No Prompt (enter 1-4 below)	Purchasing Ability 1-Fuel Only 2-Fuel and Maintenance Only 3-Maintenance Only (enter 1-3 below)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you choose to have Vehicle Cards, please fill out this section:

Vehicle ID #	Vehicle Name	Prompts Requested 1-Driver ID & Odometer** 2-Odometer 3-No Prompt (enter 1-3 below)	Purchasing Ability 1-Fuel Only 2-Fuel & Maintenance Only 3-Maintenance Only (enter 1-3 below)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

****4. If you choose to have Driver Prompts or Vehicle prompts, please list the acceptable responses below.
Cards will only work if your driver enters one of the numbers below.**

Vehicle ID # or Driver ID #	Vehicle Name or Driver Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

***If you are requesting more than 6 cards, please call 1-800-348-7959 for assistance.**