



Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Authorized Contacts: _____

Poole Sales Representative _____

Please complete the following:

1) How many cards are needed? _____

2) Type of cards needed?

Single Cards Vehicle Cards Only Dual Cards

3) How would you like your invoice sorted?

Card # Vehicle # Department # Manual Entry

4) Do you need your invoice grouped by department? Yes No

Department Names? _____

Please complete Items 5 - 7 if ALL cards will have identical restrictions. Otherwise, use the other side to identify parameters for each individual card.

5) What product combination should this card be authorized to purchase? (check ONE)

All Fuels Dyed Diesel
 Diesel Only *Please note: Product restrictions are not guaranteed.*
 Gasoline Only

6) Do you want the driver to enter any of the following information?

4 - PIN Only 6 - PIN & Manual Entry
 5 - PIN & Odometer Reading 7 - PIN, Odometer Reading & Manual Entry

7) What gallon limit would you like to apply PER FILL UP?

10 Gallons 50 Gallons *Note: Gallon fill up codes at retail locations*
 20 Gallons 75 Gallons *may be controlled by the brand equipment*
 30 Gallons 150 Gallons *and NOT your fueling card.*
 40 Gallons 250 Gallons