



Authorized Fleet Contacts

This is page # _____ of _____ pages of Authorized Fleet Contacts.

The purpose of this form is to authorize select employee(s) to make inquiries and changes to your account. To add, change or delete more than two Authorized Fleet Contacts, please copy this form before completing. Example: PlusChek® dispatch as listed below, deactivate/activate cards, changing limits, check account balance, etc.

*******This form MUST be signed by an authorized person before any additions can be made*******

_____ **OR** New Account
Fleet Name* Account Number

Those listed below may be in addition to the Authorized Contact(s) from the credit application.

<p>1. Employee Name*: _____</p> <p>2. Check One*: <input type="checkbox"/>Add <input type="checkbox"/>Change <input type="checkbox"/>Delete this employee.</p> <p>3. Employee Number (Up to 6 Numeric Digits): _____ If left blank, number will be assigned by Fleet One.</p> <p>4. Security Code Number* (4-10 Numeric Digits): _____ (Social Security Number recommended)</p> <p>5. Maximum Limit Per Authorization (\$): _____</p> <p>6. Can Authorize (Mark those that apply): <input type="checkbox"/>Fuel <input type="checkbox"/>Cash <input type="checkbox"/>PlusChek <input type="checkbox"/>Misc <input type="checkbox"/>Card Maintenance <input type="checkbox"/>Internet Payment <input type="checkbox"/>ALL</p> <p>7. Home Phone Number: (_____) _____</p> <p>8. Allowed to call at home for emergencies: YES NO</p>	<p>For security reasons, if not an addition, change or deletion here, please cross through this entire box.</p> <p>1. Employee Name*: _____</p> <p>2. Check One*: <input type="checkbox"/>Add <input type="checkbox"/>Change <input type="checkbox"/>Delete this employee.</p> <p>3. Employee Number (Up to 6 Numeric Digits): _____ If left blank, number will be assigned by Fleet One.</p> <p>4. Security Code Number* (4-10 Numeric Digits): _____ (Social Security Number recommended)</p> <p>5. Maximum Limit Per Authorization (\$): _____</p> <p>6. Can Authorize (Mark those that apply): <input type="checkbox"/>Fuel <input type="checkbox"/>Cash <input type="checkbox"/>PlusChek <input type="checkbox"/>Misc <input type="checkbox"/>Card Maintenance <input type="checkbox"/>Internet Payment <input type="checkbox"/>ALL</p> <p>7. Home Phone Number: (_____) _____</p> <p>8. Allowed to call at home for emergencies: YES NO</p>
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The information on this form will remain confidential and will be used by Fleet One® personnel only to maintain reliable security levels.

The following information is required in order to process this request:

I, _____ (Print Name*), hereby authorize the person(s) listed above to carry out security related duties for the company as stated for each. I have read and understand this document.

_____ Authorized Signature* _____ Title - Please Print* _____ Date*

_____ & _____ OR _____ in order to call for verbal verification.
Your Employee Number* Your Security Code Number* Phone Number*

Relevant Information Regarding the Above

*** Denotes required fields**

- If none selected, person listed will be added ("Add").
- If left blank, number will be assigned by Fleet One.
- Remember this information. This will be required to alter the account and should NOT be given out to anyone except Fleet One and authorized fleet agents. Example of Security Code may be last 4 digits of social security number or date of birth.
- Limit is \$2,000 if no maximum is designated.
- If none selected, ALL will be allowed.
- Required for touchtone authorization and recommended for emergency contact.

Existing Accounts Fax **this completed form to:** 615-315-4008
New Accounts Fax to your Fleet One Consultant.

