



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 one Authorized Fleet Contact, please copy this form before completing.

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

Fleet Name Account Number

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

1. Employee Name: _____

2. Check Type of Modification to Authorized Fleet Contact list (If none selected, person listed will be added):
 Add Change Delete this Authorized Fleet Contact.

3. Employee Number (Up to 6 Numeric Digits): _____
 If left blank, number will be assigned by Issuer.

4. Establish Security Code.
 4a) Select Security Code Logic (what type of info was used for the source of the security code) :
 Last 4 digits of Social Security # Date of Birth (MMDDYY)
 Driver's License # Other (specify): _____

4b) Provide the Code # (4-10 Numeric Digits. If left blank, number will be assigned by Issuer): _____

5. Maximum \$ Limit Per Authorization (will default to \$2,000 if none is specified): _____

6. Can Authorize (Mark those that apply. Will default to ALL if none are specified):
 Fuel Cash PlusChek® (for Over-The-Road accounts only)
 Card Maintenance Internet Payment ALL

The following information is required for touchtone authorizations and is recommended for emergency contact situations:

7. Home Phone Number: (_____) _____

8. Allowed to call at home for emergencies: YES NO

Remember this information. This will be required to alter the account and should NOT be given out to anyone except Issuer, Authorized Fleet Contacts, and those authorized to legally bind the Company.

The information on this form will remain confidential and will be used by Issuer's personnel only to maintain reliable security levels.

In order for us to make the requested changes, this form must be signed by an existing Authorized Fleet Contact listed on the account, or someone authorized to legally bind your company. The title of the person signing this form must be included.

X Authorized Fleet Contact Signature:	Date:
Print Name:	Title:

The following information is required in order to process this request: _____ & _____
 Your Employee Number* Your Security Code Number*

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*

