



# Fuelman

Fax all orders to: 578-6791  
Attn: Tom David/University Stores

|               |  |          |
|---------------|--|----------|
| Name/Date:    |  | Fleetnet |
| Pick Up Time: |  |          |

Dept Name: \_\_\_\_\_ Order Date \_\_\_\_\_  
 Dept Account Number: \_\_\_\_\_ Dept Phone: \_\_\_\_\_  
 Dept Contact Name: \_\_\_\_\_ Fuelman Customer # \_\_\_\_\_

### EMPLOYEE PIN NUMBER

New Emp # \_\_\_\_\_ Emp Name \_\_\_\_\_  
 Delete  
 PIN# \_\_\_\_\_ Dept #: \_\_\_\_\_

### EMPLOYEE PIN NUMBER

New Emp # \_\_\_\_\_ Emp Name \_\_\_\_\_  
 Delete  
 PIN# \_\_\_\_\_ Dept # \_\_\_\_\_

### EMPLOYEE PIN NUMBER

New Emp # \_\_\_\_\_ Emp Name \_\_\_\_\_  
 Delete  
 PIN# \_\_\_\_\_ Dept # \_\_\_\_\_

New VEHICLE CARD  
 Change Card No. \_\_\_\_\_ Desc. \_\_\_\_\_  
 Damaged  
 Lost/Stolen Vehicle # \_\_\_\_\_ Fuel Type(s) \_\_\_\_\_ Maint. Class \_\_\_\_\_  
 Delete  
 Gal./Trans. \_\_\_\_\_ Wkly Motor Oil Max. \_\_\_\_\_  
 Daily Max. \_\_\_\_\_  
 Weekly Max. \_\_\_\_\_ Wkly Maint. Max. \_\_\_\_\_

If limits are not indicated they will be unlimited

New VEHICLE CARD  
 Change Card No. \_\_\_\_\_ Desc. \_\_\_\_\_  
 Damaged  
 Lost/Stolen Vehicle # \_\_\_\_\_ Fuel Type(s) \_\_\_\_\_ Maint. Class \_\_\_\_\_  
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 Gal./Trans. \_\_\_\_\_ Wkly Motor Oil Max. \_\_\_\_\_  
 Daily Max. \_\_\_\_\_  
 Weekly Max. \_\_\_\_\_ Wkly Maint. Max. \_\_\_\_\_

If limits are not indicated they will be unlimited

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_  
 \*\*Card Orders WILL NOT BE PROCESSED without a CUSTOMER # and AUTHORIZED signature\*\*