

AUTHORIZED SIGNATURE:

Fuelman

Dent Name

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

Card Orders WILL NOT BE PROCESSED without a CUSTOMER # and AUTHORIZED signature

Name/Date:	Fleetnet
Pick Up Time:	

	Dept Name: Dept Account Number:					Order Date Dept Phone:		
	Dept Contact Name:					Fuelman Customer#		
EMPLOYEE PIN NU	MBER							
New	Emp#			Emp Name				
Delete	000000000000000000000000000000000000000	******************		888				
EMPLOYEE PIN NU	PIN#			Dept #:				
New	Emp#			Emp Name				
Delete								
	PIN#			Dept#				
EMPLOYEE PIN NU								
New	Emp#			Emp Name				
Delete	PIN#			Dept#				
		***************************************		*** P-1 ··				
New	VEHICLE CA	RD						
Change	Card No.			_ Desc				
Damaged				5.17 ()				
Lost/Stolen Delete	Vehicle #		Gal./Trans.	_Fuel Type(s) _		Wkly Motor Oil Max.		
If limits are not indica	ated they		Daily Max.			Wkiy Motor Oil Max.		
will be unlimited	accuracy	\rightarrow	Weekly Max.	~		Wkly Maint. Max.		
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New Change	VEHICLE CA	RD		D				
Damaged	Card No.			Desc.				
Lost/Stolen	Vehicle #			Fuel Type(s)		Maint. Class		
Delete			Gal./Trans.			Wkly Motor Oil Max.		
If limits are not indica	ated they		Daily Max.					
will be unlimited			Weekly Max.		→	Wkly Maint, Max.		
Comments:								
comments:								
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