CFN FLEET FUELING CARD ORDER FORM

J. N. Abbott Distributor Inc.
Phone (408) 800-675-3356 Fax (408) 848-1687
www.jnabbottdist.com

☐ new Account Or ☐ Existing Account
Account number: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

Authorized Contact: _____ Email: _____ Internet Access Yes☐ / No☐

Authorized Contact: _____ Email: _____ Internet Access Yes☐ / No☐

Please fill in your fueling requirements per card

IMPORTANT:• Please answer below to limit days of week, hours, and number of transactions per day, each driver can fuel.

To create all cards the same with exception of Name and Vehicle Check this box ☐

	DRIVER NAME OR VEHICLE DESCRIPTION For your information (will show on Invoice)	**VEHICLE NUMBER** Any number you wish to supply up to four digits	**CUSTOM PIN OPTION *** If not selected PIN will be created automatically (5)Digit	**ODOMETER** Tracks MPG YES or NO	OPTIONAL ON SITE PROMPT CUSTOM ENTRY examples: Job # PO # employee # (not available at all sites) YES or NO	**GALLON LIMIT** Per transaction 10,20,30,40,50, 75,150,250,500	**FUEL REQUIREMENNT** Fuel Allowed (Unleaded regular, Mid, Premium, On Road Diesel or combination of any. *(Red Dye Diesel Off Road Cards must to be separate)	**OILS** YES Or No	**HOURS TO FUEL** Select time frame for fueling 6 AM-6 PM 5 AM-8 PM 24 HOURS Other_____	**DAYS OF WEEK TO FUEL** Select days for fueling M-F M-SAT ALL OTHER_____	**NUMBER OF TRANS-ACTIONS PER DAY**
EX	Joe Dokes	1234	56789	Yes	Yes	50	Diesel only Unl, Diesel	Yes	6 AM-6 PM 5 AM-8 PM 24 HOURS Other_____	M-F M-SAT ALL OTHER_____	3
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											