COOPERATIVE ELEVATOR CO. - FUEL CARD APPLICATION

Date: _____

Coop Account#: _____

Customer Name: _____

Address: _____

_____

_____

Number of Cards Requested: _____

Pin#: _____
(4-digit pin number or one will be chosen for you.)

Restrictions:
_____ DIESEL ONLY
_____ GASOLINE ONLY
_____ NONE

SPECIAL INSTRUCTIONS: (Example: if you need a vehicle description or driver name assigned to each card for identification or tracking purposes.)

_____

_____

Driver's License Number: _____

State: _____ (Individual or Owner-if a business account)

_____ _____

(Printed Name) (Signature)

PRICE LEVEL: (OFFICE USE ONLY)

0 - GENERAL
2 - GOV'T & SCHOOLS
3 - DIESEL (Highway taxes, no sales tax)
5 - FARM USE (Diesel, no taxes/Gas, no taxes)
6 - COMMERCIAL RATE
8 - EMPLOYEES

Phoenix Account Number: ___ ___ ___ ___

Assigned Card Number(s): ___ ___ ___ ___ Price Level: _____ Pin Number: ___ ___ ___ ___

___ ___ ___ ___ Price Level: _____ Pin Number: ___ ___ ___ ___

___ ___ ___ ___ Price Level: _____ Pin Number: ___ ___ ___ ___

___ ___ ___ ___ Price Level: _____ Pin Number: ___ ___ ___ ___

___ ___ ___ ___ Price Level: _____ Pin Number: ___ ___ ___ ___

___ ___ ___ ___ Price Level: _____ Pin Number: ___ ___ ___ ___

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___ ___ ___ ___ Price Level: _____ Pin Number: ___ ___ ___ ___