



CARD ORDER FORM



115 EAST MAIN STREET • PURCELLVILLE, VA 20132 • 540-338-0930 • CELL: 571-233-8787 • FAX: 540-338-2115

PLEASE FILL IN YOUR REQUIREMENTS PER CARD.

Account Number _____

FUELING FACILITY ADDRESS:

103 Hirst Road, Purcellville, VA 20132

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Authorized Contact: _____ Email: _____

IMPORTANT SECURITY FEATURES:

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

DRIVER NAME OR VEHICLE DESCRIPTION For Your Information	VEHICLE NUMBER Any number you wish to supply up to 4 digits	GALLON LIMIT Per Transaction State size of fuel tank	FUEL REQUIREMENTS Specify one, two, three or all products per card	HOURS TO FUEL	DAYS OF WEEK TO FUEL	# OF TRANSACTIONS PER DAY
EX Dave Driverman	6789	50	Diesel	<input checked="" type="checkbox"/> 24 Hrs. Other _____	<input checked="" type="checkbox"/> ALL Other _____	3
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
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				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	
				<input type="checkbox"/> 24 Hrs. Other _____	<input type="checkbox"/> ALL Other _____	

*CARD RESTRICTIONS ARE ONLY GUARENTEED AT SITE OWNED AND OPERATED BY COMMERCIAL FUELING 24/7.