

Authorized Fleet Contacts

Fleet One, L.L.C.

The purpose of this form is to authorize select employee(s) to make inquiries and changes to your account.
Example: Deactivate/Activate cards, changing limits, check account balance, etc.

*******This form MUST be signed by an authorized person before any additions can be made*******

To add, change or delete more than two Authorized Fleet Contacts, please copy this form before completing.

Those listed below may be in addition to the Authorized Contact(s) from the credit application.

<p>1. Employee Name*: _____</p> <p>2. Check One*: <input type="checkbox"/>Add <input type="checkbox"/>Change <input type="checkbox"/>Delete this employee.</p> <p>3. Employee Number (Up to 6 Numeric Digits): _____ If left blank, number will be assigned by Fleet One.</p> <p>4. Security Code Number* (4-10 Numeric Digits): _____ (Social Security Number recommended)</p> <p>5. Maximum Limit Per Authorization (\$): _____</p> <p>6. Can Authorize (Mark those that apply): <input type="checkbox"/>Fuel <input type="checkbox"/>Repair <input type="checkbox"/>Additives <input type="checkbox"/>Misc <input type="checkbox"/>Card Maintenance <input type="checkbox"/>Internet Payment <input type="checkbox"/>ALL</p> <p>7. Home Phone Number*: (_____) _____</p> <p>8. Allowed to call at home for emergencies: YES NO</p>	<p>For security reasons, if not an addition, change or deletion here, please cross through this entire box.</p> <p>1. Employee Name*: _____</p> <p>2. Check One*: <input type="checkbox"/>Add <input type="checkbox"/>Change <input type="checkbox"/>Delete this employee.</p> <p>3. Employee Number (Up to 6 Numeric Digits): _____ If left blank, number will be assigned by Fleet One.</p> <p>4. Security Code Number* (4-10 Numeric Digits): _____ (Social Security Number recommended)</p> <p>5. Maximum Limit Per Authorization (\$): _____</p> <p>6. Can Authorize (Mark those that apply): <input type="checkbox"/>Fuel <input type="checkbox"/>Repair <input type="checkbox"/>Additives <input type="checkbox"/>Misc <input type="checkbox"/>Card Maintenance <input type="checkbox"/>Internet Payment <input type="checkbox"/>ALL</p> <p>7. Home Phone Number*: (_____) _____</p> <p>8. Allowed to call at home for emergencies: YES NO</p>
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Relevant Information Regarding the Above

- * Denotes required fields.
- 2. If none selected, person listed will be added ("Add").
- 3. If left blank, number will be assigned by Fleet One™.
- 4. Remember this information. This will be required to alter the account and should NOT be given out to anyone except Fleet One™ and authorized fleet agents. Example of Security Code may be last 4 digits of social security number or date of birth.
- 5. Limit is \$2,000 if no maximum is designated.
- 6. If none selected, ALL will be allowed.
- 7. Required for touchtone authorization and recommended for emergency contact.

The information on this form will remain confidential and will be used by Fleet One™ personnel only to maintain reliable security levels.

I, _____ (Print Name*), hereby authorize the person(s) listed above to carry out security related duties for the company as stated for each. I have read and understand this document.

_____ **OR** New Account

Fleet Company Name* Account Number

Authorized Signature* Title - Please Print* Date*

Existing Accounts Fax this completed form to: **615-315-4008**
New Accounts Fax to your Fleet Card Consultant.