

FAST STOP Cardholder Information: Please fill out one form for each cardholder

Customer or Business Name: _____

Street Address: _____

City _____ **State** _____ **Zip** _____

Internal Use Only

Customer ID _____

Salesperson _____

Type of Account: _____ Consumer Account _____ Business Account

Tax Exempt: _____ Yes _____ No If yes, please provide a list of taxes to be exempted.

Fleet Reporting: _____ None _____ Vehicle _____ Card _____ Driver _____ All

Fleet Reporting Delivery Method: _____ Excel _____ PDF _____ Both

Alerts Email (s): _____

Frequency of Alerts (choose one): _____ Daily _____ Weekly _____ Monthly

Number of cards on account: _____

Name on Card (optional): _____

Prompt Code (Choose all that apply): _____ None _____ Driver ID _____ Vehicle ID _____ Odometer

(The Driver ID works like a PIN number and must match what is on the system. All other information is capture only information and will be used for fleet reporting purposes.)

Products Allowed (Choose all that apply): _____ Fuel _____ Service _____ Merchandise

(If an item is restricted from purchase, the point of sale will issue a response of 'product not allowed'.)

Valid Fueling Days and Times:

Sunday: Begin Fueling __:__ End Fueling __:__ Thursday: Begin Fueling __:__ End Fueling __:__

Monday: Begin Fueling __:__ End Fueling __:__ Friday: Begin Fueling __:__ End Fueling __:__

Tuesday: Begin Fueling __:__ End Fueling __:__ Saturday: Begin Fueling __:__ End Fueling __:__

Wednesday: Begin Fueling __:__ End Fueling __:__

If no times are entered, card will be set to allow 24 hour fueling.

Driver ID (must be 4 numerical digits and cannot be all zero's)

Auto Generate: _____ Yes _____ No

Assign my own: _____

*Each card may have up to 99 Driver ID's. To establish more than 1, please provide an additional list.