ROBINSON OIL corporation

Verified By:_____

## VEHICLE CARD ORDER FORM

Date:_____

Company Name_____

Account Number_____

Phone_____ Fax_____

Fleet Manager Contact_____ Fleet Manager Email_____

| **Extended Network Yes ☐ No ☐** | **E Receipts Yes ☐ No ☐** |
|---|---|

| **Fuels Allowed** | **Card Imprinting** | **Vehicle #** | **Card Prompts** | **Gals / Trans** | **Card Type** | **Dept** |
|---|---|---|---|---|---|---|
| Fuel Type Requested<br>1-All Fuels<br>2-Diesel<br>3-Regular<br>4-Dsl+Reg<br>5-Dyed Diesel<br>6-All Diesel | Vehicle Description | # 4 digits Maximum | Pin & Odom Misc | Gallons per Transaction | CFN PPA BOTH | Name or Number |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |