



Authorized Fleet Contacts

The purpose of this form is to authorize select employee(s) to make inquiries and changes to your account. To add, change or delete more than two Authorized Fleet Contacts, please copy this form before completing.

Example: PlusChek dispatch as listed below, deactivate/activate cards, changing limits, check account balance, etc.

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

_____ **OR** New Account
 Fleet Name Account Number

<p>1. Employee Name*: _____</p> <p>2. Check One*: Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> this employee.</p> <p>3. Employee Number (Up to 6 Numeric Digits): _____</p> <p>4. Social Security Number: _____</p> <p style="text-align: center;">-or-</p> <p>5. Security Code Number* (4-10 Numeric Digits): _____</p> <p>6. Maximum Limit Per Authorization (\$): _____</p> <p>7. Can Authorize (Circle those that apply):</p> <p style="text-align: center;">FUEL CASH/PlusCheks MISC ALL</p> <p>8. Home Phone Number: (_____) _____</p> <p>9. 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*: Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> this employee.</p> <p>3. Employee Number (Up to 6 Numeric Digits): _____</p> <p>4. Social Security Number: _____</p> <p style="text-align: center;">-or-</p> <p>5. Security Code Number* (4-10 Numeric Digits): _____</p> <p>6. Maximum Limit Per Authorization (\$): _____</p> <p>7. Can Authorize (Circle those that apply):</p> <p style="text-align: center;">FUEL CASH/PlusCheks MISC ALL</p> <p>8. Home Phone Number: (_____) _____</p> <p>9. Allowed to call at home for emergencies: YES NO</p>
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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.

_____ _____ _____
 Authorized Signature* Title - Please Print* Date*

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.
- 3. and 4 or 5. 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.
- 6. Limit is \$2,000 if no maximum is designated.
- 7. If none are circled, ALL will be allowed.
- 8. Required for touchtone authorization and recommended for emergency contact.

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