

Fuel Card Application Form



1. COMPANY DETAILS

Company/Name to be embossed on all your cards

(Maximum 19 characters INC blank spaces)

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Legal Company Name _____

Telephone _____

Company Reg No. _____

Mobile _____

Address _____

Fax _____

Company Website _____

Contact Name _____

Town/City _____

Job Title _____

County _____

Main Business Activity _____

Postcode _____

E-mail _____

Time at this address _____

We may occasionally send you information by e-mail which you may find useful. We will not pass your details to a third party. Please tick the box if you DO NOT wish to be contacted via e-mail.

Limited Partnership Sole Trader Other _____

If not a limited company, please complete the following:

Proprietor's/Partner's Name _____ Home Address _____

_____ Postcode _____ Date of Birth _____

Where did you first hear about The Fuelcard Company? Sales Call Direct Mail/Fax Internet Other (please state) _____

2. YOUR EXISTING FUEL CARD (IF APPLICABLE)

What fuel card do you use at the moment? _____

With your current card do you pay for management reports? Yes No

Do you receive any additional services? (Please tick accordingly)

Dedicated account manager Online services Exclusive offers/discounts Other

What is your existing price structure Fixed Price Pump Pricing Don't Know

3. YOUR FLEET

Number of vehicles and fuel type in your fleet? Diesel HGV Vans/LCV Cars

Petrol HGV Vans/LCV Cars

Estimated Fuel Monthly Usage (by expenditure) Diesel £ Petrol £

What is your fleet coverage? Local National European

