State Fuel Network

Vehicle Worksheet

Division of Fleet Operations
SERVICES ELEVATED

Account Number: _____

Agency Name: _____

Address: _____

City: _____ Zip _____

Federal Tax ID #: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Important: For accuracy and faster completion of request, please make sure "all information" is filled out on this form.

Add = A Delete = D Change=C	Card Number (last 6 digits)	Vehicle Number	Vehicle Description Year/Make Model	License Number	Odo. Y/N	Fuel Type	Tank Size	# Fills - Day	# Fills per Mo.	Service $ - Mo.	Supplies $ - Mo	Department

24 HOUR GASCARD ANSWERING SERVICE

Toll-Free: (800)678-3440

Local: (801)538-3440

Email this Form

or Fax to (801) 359-0759

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