VEHICLE WORKSHEET

Customer Account Number _____
Agency Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Phone ( ) _____ Fax Number ( ) _____
Federal Tax ID # _____

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

*****Email _____**

Add=A Delete=D	Card Number	Vehicle Number	Vehicle Description Year/Make/Model	License Number	Odo. Y/N	Fuel Type		Tank Size	No. Fills - Day	# Fills per month.	Services $ - Mo.	Supplies $ - Mo.	**Account Number**

24 HOUR GASCARD HELP DESK 1-800-678-3440 OR 538-3440

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