

CARD REQUIREMENTS FORM

Please fill in your requirements per card. Account Number _____

Company Name _____

Phone Number _____

Fax Number _____

Authorized Company Contact _____

CFN SECURITY FEATURES

Please CIRCLE what hours, days, and number of transactions you want your driver to fuel per day.
IMPORTANT: PLEASE NOTE YOUR CARD WILL WORK ONLY AT THE HOURS, DAYS AND NUMBER OF TRANSACTIONS SPECIFIED BELOW.

You can set up your whole account with the same criteria, or you can customize each card with individual limits.

YES _____ **Please use the first card listed on this form so ALL my cards have the same security profile.**

Driver Name or Vehicle Description <small>For your information; not necessary for processing</small>	Vehicle Number <small>Up to 4 digits</small>	Odometer <small>Yes or No</small>	On-Site Manual Entry <small>For drivers to input their vehicle or employee # at time of fueling Yes or No</small>	Gallon Limit <small>State size of fuel tank</small>	Fuel Requirements <small>You may specify one, two, three or all products per card</small>	Card Number <small>Issued by us</small>	Pin Number <small>Issued by us or you can pick your own</small>	HOURS TO FUEL	DAYS TO FUEL	# OF TRANSACTIONS PER DAY	
										TRANS	GALS
1)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
2)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
3)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
4)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
5)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
6)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
7)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
8)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
9)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
10)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
11)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
12)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
13)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
14)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
15)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
16)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
17)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
18)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
19)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		
20)								6AM-6PM 5AM-8PM 24 Hrs. Other _____	Mon-Fri Mon-Sat ALL Other _____		

MACVALLEY OIL COMPANY 100 DEL NORTE BLVD OXNARD, CA 93030 805-485-6900 FAX 805-988-0685

Signature _____

By signing above User and User's Employees and Agents accepts the obligation and responsibility for payment of all charges registered to cardlock access cards issued to User. Should any of the cards issued to User be lost or stolen User shall remain liable for all charges incurred after such loss until MacValley Oil Company is notified.