



COMMERCIAL  
FUELING  
NETWORK

MacValley Oil Company Inc.

## CARDLOCK ACCOUNT UPDATE

Date: \_\_\_\_\_ Account#: \_\_\_\_\_ Company Name: \_\_\_\_\_

Main Phone: ( ) \_\_\_\_\_ Main Fax: ( ) \_\_\_\_\_

Main Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Website: \_\_\_\_\_

### **Cardlock Contact Information**

Cardlock Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ email: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Additional Cardlock contacts \_\_\_ Yes \_\_\_ No

•A person named as a contact or an additional contact on the cardlock account will have access to pin numbers, locking lost or stolen cards, ordering new cards, changing card profiles and anything else that may pertain to a cardlock account.

-Additional Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ email: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

-Additional Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ email: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

I would like to receive Cardlock Invoices by (you may select more than 1 method)

Email: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

\_\_\_\_\_ (Billing Fax number with area code)

(You may use more than 1 email address)

U.S. Post \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

(Please add department name if required)

### **Accounts Payable Information**

A/P Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ email: \_\_\_\_\_

Name and title of person completing this form: \_\_\_\_\_

\_\_\_\_\_

