

# 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 any 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

