Pacific Pride Fleet Fuel Card Worksheet

Please fill out ONLY the driver OR vehicle section unless otherwise instructed by your account representative. If you have any questions, please contact us directly at (800) 743-6950

Company Name		Phone Number	For Office Use Only
Authorized Contact		Fax Number	
Signature			C / FW

Driver/Vehicle Name	Vehicle #	Odometer Entry?	Authorized Fuels	Fueling Restrictions				Account #
The Name of the Person or the Vehicle (Joe Smith, Truck 1, etc)	If Applicable	(Y/N)		Gallon Limit per Transaction (50 Gal, 250 Gal, etc.)	Transactions per Day (2,3, etc.)	Authorized Fueling Days (M-F, All, etc.)	Authorized Fueling Times (6A-6P, All, etc.)	GL ME