

APPLICATION TO ORDER/ADJUST FUEL MAX FUELCARDS

- ☐ Replacement - damaged card
 ☐ New card issue
 ☐ New direct debit details
☐ Replacement - lost card
 ☐ Cancel Card
☐ Replacement - stolen card
 ☐ Other Please Specify _____

ACCOUNT No. Fuel Card No.

Company Name:

Postal Address:

P/code:

Telephone: Facsimile:

Contact Name:

Email address:

Card Details: Please Note: Pins are compulsory on all Fuel Cards								Card Type*				
Line	Registration No.	Make	Body Type	Colour	Products**	Pin No.	Odo	Amp	BP	CX	SH	UN
e.g.	ZXY321	Ford	Sedan	White	U, E, O	Yes	No	✓	✓	✓	✓	✓
1						✓						
2						✓						
3						✓						
4						✓						

* Card Type: Amp = Ampol, BP, CX = Caltex, SH = Shell, UN = United

****Product Codes:**

U Unleaded Petrol **O** Oil
L LPG **E** E10 Ulp
D Diesel **P** Premium Unleaded

New Direct Debit / Banking details:

A/c Name:

BSB: A/c No:

I am authorised to make adjustments/order fuel cards under our agreement with Fuel Max Fuelcards

Signed: _____ Date: _____

Please print name and position: _____

Office Use Only - Ordered/cancelled

☐ AMP / BP / SH / Caltex / United Cards Ord: _____ / _____ / _____
☐ Vehicle/s added to Fuel Max sys : _____ / _____ / _____
☐ Fees charged : _____ / _____ / _____
☐ Card/s dispatched : _____ / _____ / _____

FUEL MAX Customer Service

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