

Dept BA Signature: _____ Date: _____

School/Center Senior Financial Officer Name: _____

School/Center SFO Signature: _____ Date: _____

**FLEET CARD
CARDHOLDER ACCOUNT FORM**

MCC Group: (Circle one)	*FLT 1 (Fuel & Maintenance)	*FLT 2 (Fuel Only)
Product Code: (Circle one)	(2) Vehicle Number & Odometer - (Requesting Driver Card) (3) Driver Number & Odometer - (Requesting Vehicle Card) (5) No Prompt	
Authorize: (Circle One)	(O) Use Vehicle/Driver Number for Authorization (N) No numbers needed for Authorization	
Vehicle Identification Number (VIN)		
License Tag Number		
State Issued:		License Plate Expiration Date:
Year:		Make
Model:		Description:
Vehicle/Driver Table:		ALLVCL – Facilities

*FLT 1 – Monthly Spending Limit (Default \$5,000)
Single Purchase Maximum (Default \$2,000)
Daily Purchase Allowance (Default 5 per day)
Monthly Purchase Allowance (Default 50 per month)

*FLT 2 – Monthly Spending Limit (Default \$2,500)
Single Purchase Maximum (Default \$50)
Daily Purchase Allowance (Default 5 per day)
Monthly Purchase Allowance (Default 50 per month)