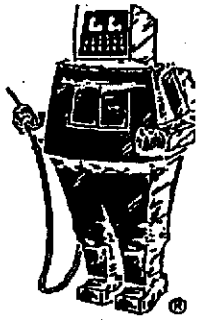
Fuelman Customer Worksheet



Customer Name _____

Vehicle Information:

(Please print neatly)

*Please indicate allowable octanes; ie 87, 89, 92

Card # (leave blank)	Vehicle Number (Optional) 10 digits	Vehicle Description (Required) 15 digits	Department Number (Optional) 4 digits	Fuel Type A = All U = Unleaded* D = Diesel	Tank Limit (Gallons)	Daily Limit (Gallons)	Weekly Limit (Gallons)	Weekly Oil $$ Limit	Weekly Parts & Service $$ Limit
Example:	B-1234	98 Ford	1000	U	20	40	200	$50	$200