

NEW/REPLACEMENT CREDIT CARD REQUEST DATA INFORMATION SHEET

AGENCY CODE: _____

DATE REQUESTED: _____

AUTHORIZED SIGNATURE _____

Card Type	Vehicle Id	Vehicle Plate	GAL LIMIT	PROD CODE	ODOM CHECK	EMPLOYEE NAME	SOCIAL SECURITY NUMBER	GASBOY NO.	ACTION CODE	REASON CODE	CARD TO BE REPLACED			OFFICE USE ONLY
											CARD TYPE	VEHICLE ID	SERIAL NO	

CARD TYPE
 03 = DIAL UP
 07 = VEHICLE & EQUIPMENT CARD
 09 = SUPERVISORY CARD
 11 = TRANSACTION CARD

REASON CODE
 S = STOLEN
 L = LOST
 W = WORN OR BROKEN
 C = CHANGE IN TYPE/ASSIGNMENT
 E = ERROR
 P = LICENSE PLATE CHANGE
ACTION CODE
 N = NEW CARD
 R = REPLACEMENT CARD

GALLON LIMIT CODE

NUMERIC	GALLON LIMIT
0	5
1	12
2	20
3	30
4	40
5	50
6	70
7	120
8	200

PRODUCT CODE
 0 = ALL PRODUCTS
 2 = DIESEL FUEL
 4 = UNLEADED GAS
 5 = 2 CYCLE GAS
 6 = CNG (DEDICATD & BI-FUEL)
 7 = METHANOL (DEDICATED & BI-FUEL)
 8 = PROPANE (DEDICATED & BI-FUEL)
 9 = ETHANOL (DEDICATED & BI-FUEL)

ODOMETER CHECK REQUIRED
 1 = REQUIRED
 2 = NOT REQUIRED