



APPLICATION FOR CARDTROL FUEL CARD

TODAY'S DATE _____ CONTACT NAME _____
(if different than Account Name)

ACCOUNT NAME _____ PHONE _____

MAILING ADDRESS _____
Street City ST ZIP

QTY: _____ NEW CARD(S)
*More than four cards, complete additional application

PIN/DRIVER #: RANDOM CUSTOM

_____ 1st PIN _____ 2nd PIN _____ 3rd PIN _____ 4th PIN

QTY: _____ REPLACE EXISTING CARD(S): _____

USER PREFERENCE (to be entered at the pump):

- PIN ONLY
- PIN + VEHICLE #
- PIN + ODOMETER
- PIN + VEHICLE + ODOMETER

OPTIONAL REMARKS ASSIGNED TO CARD (such as Driver's name, Vehicle # or description):

- TAX EXEMPTION **Note – ST 101 or WA ST tax form must be on file*
 - FARMING - SALES TAX EXEMPT- DYED DIESEL
 - LOGGING - SALES TAX EXEMPT- DYED DIESEL
 - GOVERNMENT - FED EXEMPT GAS/DIESEL
 - OTHER: _____

Processing time is 7-10 business days. Requests & changes email to Alexandria.Goodman@chsinc.com

FOR OFFICE USE ONLY		
AGRIS ACCT #	ALT ACCT #	
CARD #	PIN #	
		DATE ORDER
		DATE DELVD
		COMPLETED BY