

FUEL CARD APPLICATION FORM

Authorised

Signature: Print:

PLEASE COMPLETE ALL SECTIONS AND RETURN TO ATLANTIC OILS (IRL), NORTH COMMONS, ARDFERT, COUNTY KERRY

CUSTOMER DETAILS	
Name:	
Address:	No. Years Trading:
	No. of Vehicles:
	Estimated Monthly Card Usage (Litres):
	Main Contact:
	(Mr/Mrs/Miss/Ms)
Vat No:	Mobile No:
Company Reg No:	Telephone No:
Business No:	Fax No:
Nature of Business:	Email:
TRADE REFERENCES Please provide details of two (2) suppliers that cul Company Name:	rrently trade with you on credit
Company Address:	
	Telephone No:
Contact Name:	Trade Amount Per Month:
Company Name:	
Company Address:	
	Telephone No:
Contact Name:	Trade Amount Per Month:
CARD ORDER DETAILS Company Name / Principal Name (to Appear on Card)	No of Cards Required:
Fuel Restrictions (see options below) Vehicle Registration (Please complete this column if you wish your fuel card to be VEHICLE specific)	Card Holder (Please complete this column if you wish your fuel card to be DRIVER specific. For cards that are specific to both Driver and vehicle complete both)
1	
2	
3	
4	
5 Fuel Restrictions 0 = Diesel / AdBlue / Gas Oil OR 1 = Diesel / AdB	Blue / Gas Oil / Unleaded
STANDARD INVOICE / PAYMENT TERMS Invoices are issued on a monthly basis and payment is by We have read the Card Terms and Conditions of use and a	Direct Debit on or before the 20th of the following month. agree to abide by the. IWe agree and understand that Atlantic or give any reason for refusing the same, nor enter into any

Position Held in Company:

Date: