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CARD SYSTEM ORDER FORM

NAME FIRST _____ LAST _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

VEHICLE ID: _____ (Leave blank if no identifier is required)

USERS

Driver Name	PIN (6 Digit Limit)

DEVICE TYPE: CARD KEYFOB

ACTIVATION TYPE: PIN ONLY PIN & ODOMETER PIN & ENGINE HOURS

FUEL TYPE: ALL PRODUCTS

GASOLINE: UNLEADED MID-GRADE SUPER UNLEADED

DIESEL: ON RD DIESEL OFF RD DIESEL B20 ON RD D20 OFF RD

OTHER: DEF

**ONLY PRODUCTS SELECTED WILL BE ELIGBLE FOR PURCHASE WITH YOUR CARD

OFF RD DIESEL AND D20 CUSTOMERS ONLY: FEDERAL ID# or SS# _____

MAXIMUM # OF GALLONS TO BE PURCHASED AT ONE FILL-UP

FUEL TYPE	REQUESTED LIMIT	MAX LIMIT
GASOLINE		50
ON RD DIESEL		119
OFF RD DIESEL		255

SIGNATURE: _____

DATE: _____