

**ACCOUNT REQUIREMENT FORM
CFN ACCOUNT AUTHORIZATION**

ACCOUNT# _____

DATE: _____

ACCOUNT NAME _____

The following person(s) are authorized to request information regarding the above account and place orders for new CFN Cards, request changes and order re-issued cards.

NAME _____	TITLE _____	PHONE# _____
NAME _____	TITLE _____	PHONE# _____
NAME _____	TITLE _____	PHONE# _____

CFN CARDS MAY BE CUSTOMIZED.

PLEASE CHECK OPTIONS REQUESTED:

- Assign a vehicle# or name to each card**
- Select a gallon limit per card/per day** (Feature is an approximate restriction)
- Restrict days, time & daily transaction limit**
- Authorized use in other States**
- View CFN account on line.**

Please provide a minimum of 6 characters (combination of letters & numbers):
Customer may change password once access has been provided.

PASSWORD: _ _ _ _ _

I authorize the above person(s) to request information, modify, and request cards.

Signature _____