

Card Application

(Please check one)

- Individual
 Joint (Both must sign)

(Please print)

Please have an FS FUEL 24® representative call me to describe the “Fleet Program.” My phone number is _____, and the best time to reach me is _____.

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Social Security # _____

Employed By _____ Business Phone _____

Estimated Monthly Income _____

Bank Reference _____ Account # _____

Applicant Signature _____



Fuel 24 PLUS
(Complete C-Store Use)



Fuel 24
(Fuel Purchase Only)

Co-Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Social Security # _____

Employed By _____ Business Phone _____

Estimated Monthly Income _____

Bank Reference _____ Account # _____

Co-Applicant Signature _____

FUEL 24 visited

By signing above, you agree to be bound by the terms and conditions of the Agreement and Federal Truth in Lending Disclosure Statement for this account.