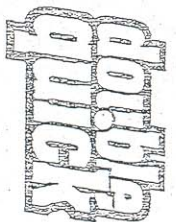


# DQ FUEL CARD APPLICATION



Double Quick, Inc.  
 PO Box 690—Indianola, MS 38751  
 (662) 887-2160 (800) 748-8934

Full Company Name \_\_\_\_\_

Fiscal Year Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Billing Address (if different than mailing address) \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**Instructions for completing the application:**

- (1) Enter your Drivers/Employees Names
- (2) Select a PIN Number for each Driver or Leave Blank and we will assign
- (3) Merchandise Restriction By Driver Restrict by Yes or No
- (4) Enter a Vehicle Description
- (5) This is a Yes or No Field to indicate if you want to track the Vehicles Mileage

Driver No.	Driver/Employee Name (Last, First, Middle Init.)	Y/R	Vehicle Description Make	Model	PIN No.	Merch. (Y/N)	Odometer (Y/N)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							