

PACIFIC PETROLEUM CARD ORDER FORM



Customer Name: _____

Account Number: _____

Postal Address: _____

Mobile Number: _____

Email Address: _____

Please return completed form via

Email: cards@pacificpetroleum.com.au

Mail: Pacific Petroleum Pty Ltd
PO Box 988
ARCHERFIELD, QLD 4108

CARD TYPE: (Please select)	PACIFIC PETROLEUM CARD	MOTORPASS CARD	BOTH CARDS

The following details will appear on your fuel card.	Please select a PIN number (PIN numbers cannot begin with "0")	PRODUCT RESTRICTIONS REQUIRED						
		Select the required boxes for each card. (If no option is selected 'ALL PRODUCTS' will be the default)						
Driver Name OR Vehicle Registration Number	PIN #	DIESEL	ULP 91	PULP 95	PULP 98	LUBES	ADBLUE	SHOP

Customer Signature: _____

Signatory Name: _____