

McEvoy Commercial Fueling Station / Co-Op Card Set Up

Date: _____

Customer Name: _____

Customer E-Mail: _____

Driver Prompt

Cards	Set up/ Truck #/ Driver Name / ETC.	Product Choice			Daily Gallon Limit	Unit # / Mileage
		Clear Diesel	Dyed Diesel	Gasoline		Yes / No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Customer Signature: _____ Date: _____