

**Instructions**

**FLEET - 8201** Please fax all the pages to 612-973-3791 or 800-974-0777

- Reissue Card
- Closure Please select type of closure, if applicable:  T9 - Permanent  V9 - Temporary
- Maintenance

**PART I. CARD ACCOUNT INFORMATION** *(To be completed by LFPC/FM)*

Agent  Account Number  -  -  -

Account Name (as it appears on the account)

**INFORMATION TO BE CHANGED** (only fill in items to be changed)

Equipment Identification (Embossing Line 1)  (max 21 char.)

Agency/Organization Name: (Embossing Line 2)  (max. 21 char.)

Garage Address 1  (max. 35 char.)

Garage Address 2  (Optional, max. 35 char.)

City  (max. 24 char.) State  Zip  -  (max. 9 char.) Country  (max. 9 char.)

LFPC/FM Phone Number  (max. 10 char.) LFPC/FM Fax Number  (max. 10 char.)

E-mail Address  (max. 60 char.)

Optional Field 1  (max. 15 char.) Optional Field 2  (max. 15 char.)

**Accounting Information**

Default Accounting Code  
*(Max 150 char. including spaces)*

**FAX REQUEST TO 612-973-3791 or 800-974-0777**

OR MAIL REQUEST TO:  
U.S. BANK GOVERNMENT SERVICES  
200 SOUTH SIXTH STREET - EP-MN-L28C, MINNEAPOLIS, MN 55402

**Product Type Code** *New plastic will be reissued and will not take affect until new plastic is used*

Prompt for driver number and odometer reading (3) <input type="checkbox"/>	Prompt for odometer reading (4) <input type="checkbox"/>	No prompt (5) <input type="checkbox"/>
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**Vehicle Information**

Vehicle Number  *(Required - cannot be changed. max. 6 numeric char.)*

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Special Item/Pool Card Yes  No  *(If Yes, only Description needs to be filled out below, if no complete all fields)*

Description *(Required)*  *(max 25 char.)*

Year of Vehicle <input style="width:100px;" type="text"/>	Make of Vehicle <i>(Required max. 12 char.)</i> <input style="width:100px;" type="text"/>	Model of Vehicle <i>(Required max.12 char.)</i> <input style="width:100px;" type="text"/>
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VIN Number <input style="width:300px;" type="text"/> <i>(Required max. 17 char.)</i>	Licence Tag # <input style="width:150px;" type="text"/> <i>(Required max. 17 char.)</i>
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License Exp. Date  *(MM/DD/YYYY max 10 char.)*

Assigned Driver Number <input style="width:200px;" type="text"/> <i>(max. 6 numeric char.)</i>	Assigned Driver Table <input style="width:150px;" type="text"/> <i>(max 10 char.)</i>
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Fuel Unit Type: *(Optional)* Gallons  Liters

**Exception Reporting**

Are exceptions reported for this account?  
 Yes  No  *(If Yes, complete fields below)*

Fuel Type: <i>(Optional)</i> Low <input style="width:50px;" type="text"/> High <input style="width:50px;" type="text"/>	Max. Tank Capacity <input style="width:50px;" type="text"/> <i>(max 3 char.)</i>	
MPG Low <input style="width:50px;" type="text"/> <i>(max 3 char.)</i>	MPG High <input style="width:50px;" type="text"/> <i>(max 3 char.)</i>	Max. Fill up/Day <input style="width:50px;" type="text"/> <i>(max 2 char.)</i>
Service Type <input style="width:50px;" type="text"/> 0 – No Restriction, 1 – Self Service Only, 2 – Full Service Only <i>(max 1 char.)</i>		
Beginning Time <input style="width:50px;" type="text"/> <i>(max 4 char. Military Time)</i>	Ending Time <input style="width:50px;" type="text"/> <i>(max 4 char. Military Time)</i>	
Max. Unit Price \$ <input style="width:50px;" type="text"/> <i>(max 5 char.)</i>	Max. Transaction Amount \$ <input style="width:50px;" type="text"/> <i>(max 7 char.)</i>	

Weekend Exception *(optional)*  Monday – Friday (1)  All Days Except Sundays and Holidays (4)  
 Monday – Saturday (2)  No Restrictions (N)  
 All Days Except Holidays (3)

**AUTHORIZED LFPC/FM SIGNATURE:**

Signature <input style="width:200px;" type="text"/>	Print Name <input style="width:200px;" type="text"/>
Phone <input style="width:150px;" type="text"/>	Fax <input style="width:150px;" type="text"/>
Date Submitted <input style="width:100px;" type="text"/>	

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