



RETURN VIA EMAIL OR FAX

Email: Accountupdates@pcs4fuel.com

Fax: (775) 783-3589

ACCOUNT UPDATE FORM

Merchant ID# _____

Business Information					
DBA		Corporate Name:			
Location Address:			Billing Address:		
City, ST Zip:			City, ST Zip:		
Location Phone:	Contact Name	Corporate Phone:		Billing to be processed: <input type="checkbox"/> Monthly <input type="checkbox"/> Daily	
Amex/ Discover Merchant ID:	EBT/ SNAP FNS:	Fuelman:	SIC ode:		
Management Profile					
Name:	DOB:	SS#	Phone	Title:	%Ownership
Home Address:		City	State:	Zip	Email
Name:	DOB:	SS#	Phone	Title:	%Ownership
Home Address:		City	State:	Zip	Email
Banking Information					
Bank Name			Phone Number		
ABA Routing Number (9 Digits):			Account Number (DDA):		

Merchant warrants that all information provided to Petroleum Card Services whether in the Application or otherwise is true and correct, and Merchant will notify Petroleum Card Services at such time as any material change occurs. If signing on behalf of a corporation or other entity, the undersigned represents that he/she has obtained all necessary authorization and is legally empowered to sign on behalf of such entity.

Print Name of Principal (As specified on the Merchant Application/ Agreement)

Signature of Authorized Principal (As specified on the Merchant Application/ Agreement)

Date

If you have any questions, please contact Account Updates:
 Phone: (866) 427-7297 or Email: Accountupdates@pcs4fuel.com