

Fuel Card Application Form

Company Details

Company Name: *	<input type="text"/>
Trading as:	<input type="text"/>
Company Address: *	<input type="text"/>
County: *	<input type="text"/>
Postcode (if applicable):	<input type="text"/>
Nature of Business:	<input type="text"/>
Company Registration Number:	<input type="text"/>
VAT Registration Number:	<input type="text"/>
Number of Years Trading:	<input type="text"/>
Home Address (If non-limited company)	<input type="text"/>
County:	<input type="text"/>
Postcode (if applicable):	<input type="text"/>

Details of Vehicles

Number of Vehicles: *	<input type="text"/>
Usage of Road Fuel per month:*	<input type="text"/> Litres
Current Card/Fuel Supplier:	<input type="text"/>
Estimated Monthly Purchases: €	<input type="text"/>
No of Fuel Cards Required: *	<input type="text"/>
Fuel required: *	<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Gas Oil

Contact Details

Contact Name: *	<input type="text"/>
Telephone Number: *	<input type="text"/>
Fax Number:	<input type="text"/>
Mobile Number:	<input type="text"/>
E-mail: *	<input type="text"/>
I would like my invoice via email:	<input type="checkbox"/> Yes <input type="checkbox"/> No
We may wish to contact you in the future for marketing purposes. If you do not want to be contacted please tick this box	<input type="checkbox"/>

Inver Fuel Card Terms and Conditions of Use

I/WE accept the Inver Fuel Card Terms and Conditions of Use, see inverenergy.ie/fuelcards for full listing of Terms and Conditions. Please tick here to accept these Terms and Conditions of Use . I/WE acknowledge that all risk of loss will pass to the Account Holder from date of dispatch of the Inver Fuel Card to the Account Holder in accordance with the Terms and Conditions of Use. I/WE agree and understand that Inver Energy LTD will not be obliged to accept this application, not to give any reason for refusing the same, nor to enter into any correspondence in regard their refusal. Please note a Deposit or Pre-payment may be required, along with additional documentation.

Authorise Signature of Company:	<input type="text"/>	Date:	<input type="text"/>
Full Name:	<input type="text"/>	Position Held in Company:	<input type="text"/>