



FLEET FUELING APPLICATION

Send applications to
Fleetfuelingcards@riiser.com

709 S 20th Ave
PO Box 239
Wausau, WI 54402-0239

Acct # _____
OFFICE USE ONLY

COMPANY INFORMATION

Business Name: _____ Date: _____

Address: _____

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Employer ID #: _____ Tax Exempt #: _____

(Attach exemption if applicable)

How long under present ownership: _____

REQUIRED

Estimated Monthly Gallons: _____

Or

Estimated Monthly \$: _____

PRINCIPALS OF ORGANIZATION

Name: _____ Title: _____

SS #: _____ Phone Number: _____

Home Address: _____

City _____ State _____ Zip Code _____

Name: _____ Title: _____

SS #: _____ Phone Number: _____

Home Address: _____

City _____ State _____ Zip Code _____

PRIMARY CONTACT

Full Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

BANK REFERENCE

Bank Name: _____ Officer: _____
Phone: _____ Fax: _____
Address: _____

City State ZIP Code

CREDIT REFERENCES

Please list two credit references.

Company Name: _____
Address: _____

City State ZIP Code
Phone: _____ Fax: _____
Email: _____

Company Name: _____
Address: _____

City State ZIP Code
Phone: _____ Fax: _____
Email: _____

Disclaimer and Signature

The information given on this application is complete and correct to the best of the applicant's knowledge. The applicant authorizes Riiser Fuels to verify or check any of the information given, obtain additional information concerning their credit standing and to furnish same to others. Applicant understands that all inquiries and records are maintained in the strictest confidence and in compliance with the Fair Credit Reporting Personal Guaranty Act 1971 and the Equal Credit Opportunity Act 1975.

Printed Name: _____ Title: _____
Signature: _____ Date: _____