

## BP DISTRIBUTOR CARD ORDER FORM

(Complete only if fuel cards are required)

All fuel cards must be collected and signed for.

Card Number	Vehicle Description or Driver Name	Vehicle Registration Number	Odometer
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I/we acknowledge that application approval is subject to the Terms and Conditions stipulated by City and Regional Fuels. I/we agree that I/we will read the Terms and Conditions provided on receipt of the card and that by my/our use of the BP Distributor Card, I/we accept the Terms and Conditions and agree that they will apply to all my/our use of the BP Distributor Card.

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Account Name: \_\_\_\_\_

Office Use Only:

Account No: \_\_\_\_\_