



5923 W. Imlay City Rd.
P.O. Box 66
Imlay City, MI 48444

Fax: 810-724-3330
www.parschoil.com

CARD SYSTEM ORDER FORM

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ PERSON TO CONTACT _____

NUMBER OF CARDS _____ SAME PIN # YES NO

PLEASE MARK THE TYPE OF ACTIVATION YOU WANT YOUR CARDS TO HAVE:

_____ PIN ONLY

_____ PIN & TRIP

_____ PIN & ODOMETER

_____ PIN, TRIP, & ODOMETER

PLEASE MARK THE PRODUCTS YOU WANT TO PURCHASE. IF A PRODUCT ISN'T MARKED; YOUR CARD WILL NOT ACTIVATE THE PUMP FOR THAT PRODUCT.

_____ UL GAS _____ OFF RD DIESEL _____ B-20 OFF RD

_____ MID-GRADE GAS _____ ON RD DIESEL _____ B-20 ON RD

_____ SUL GAS

MAXIMUM # OF GALLONS TO BE PURCHASED AT ONE FILL-UP _____
(For safety reasons a limit has to be programmed on your card)

FEDERAL I.D. # OR S.S.# _____

(If you are purchasing off road diesel fuel, this has to be completed)