ACCOUNT NAME:		_		
DATE:				
PLEASE USE THIS SHEET TO INDICATE THE OPTIONS YOU WOULD L	IKE ON EACH CAF	RD - COPY FOR ADDI	TIONAL SHEETS IF NE	EDED
	CARD 1	CARD 2	CARD 3	CARD 4
	CARD I	CARD 2	CARD 3	CARD 4
FOR EVANS GROUP, INC USE ONLY:				
OPTIONS AVAILABLE				
Specify a driver name or number to be assigned to this card if you would like it printed on the invoice.				
Specify a vehicle name or number to be assigned if you would like it printed on the invoice.				
Mark here any days that you do <u>not</u> want the card used. If allowed seven days, leave blank.				
Mark O if the driver is required to enter an odometer reading. Mark M if the driver is required to enter some other misc. data (such as vehicle number, plate number, etc.) You may use either or both. If neither is required, leave blank.				
Enter the authorization code (from the table below) to indicate the types of purchases allowed. If none is indicated, code "0" will be used allowing purchases of anything at our stores.				
Authorization codes for purchase limitations				
0 = All products				
2 = All products except store items				
3 = All gasoline products and motor oil				
4 = Diesel/Kero and motor oil				
5 = All gasoline products, motor oil, and store items				
6 = Diesel/Kero, motor oil, and store items.				
7 = Regular unleaded gasoline and motor oil				
8 = Regular unleaded gasoline, motor oil, and store items				
9 = Regular unleaded gasoline, diesel/kero, and motor oil.				

EVANS GROUP, INC. PO BOX 246 LEBANON, NH 03766 FAX# (603) 448-2407