



405 S. BANKER ST. | P.O. BOX 629 | EFFINGHAM, IL 62401 | PHONE: 217-342-9231 | FAX: 217-347-5959

FAST STOP Cardholder Information: Please fill out one form for each cardholder.

Customer or Business Name: _____

Street Address: _____

City _____ State _____ Zip _____

Internal Use Only

Customer ID _____

Salesperson _____

Tax Exempt: ____ Yes ____ No If yes, please provide a list of taxes to be exempted.

(Taxes will be billed on the ticket printed at the pump. A corrected invoice can be emailed on the following business day.)

Fleet Reporting: ____ None ____ Vehicle ____ Card ____ Driver ____ All

Alerts Email(s): _____

Frequency of Alerts (choose one): ____ Daily ____ Weekly ____ Monthly

Number of Cards on account: _____

Name on Card (optional): _____

Optional: Check mark Vandalia Fuel Our Future program below and we will donate 1¢ per gallon purchased on this card to the school district at no extra cost to you. You will also receive a customized Vandals Fuel Our Future FAST STOP Card.
__ Vandalia Fuel Our Future

Prompt Code (choose 1):

- Driver ID (PIN number)
- Vehicle ID
- Odometer
- Driver ID & Vehicle ID
- Driver ID & Odometer
- Vehicle ID & Odometer
- Driver ID, Vehicle ID & Odometer

The Driver ID works like a PIN number and must match what is on the system. All other information is capture only info that will be used for fleet reporting purposes.

Restrictions (choose 1):

- Fuel Only
- Service Only
- Merchandise Only
- Fuel & Service
- Fuel & Merchandise
- Service & Merchandise
- Fuel, Service & Merchandise

If an item is restricted from purchase, the point of sale will issue a response of 'product not allowed.'

Valid Fueling Days and Times:

Sunday: Begin Fueling __:__ End Fueling __:__

Monday: Begin Fueling __:__ End Fueling __:__

Tuesday: Begin Fueling __:__ End Fueling __:__

Wednesday: Begin Fueling __:__ End Fueling __:__

Thursday: Begin Fueling __:__ End Fueling __:__

Friday: Begin Fueling __:__ End Fueling __:__

Saturday: Begin Fueling __:__ End Fueling __:__

*If no times are entered, card will be set to allow 24 hour fueling.

Driver ID (must be 4 numerical digits and cannot be all zero's)

Auto Generate: ____ Yes ____ No

Assign my own: _____

*Each card may have up to 99 Driver ID's. To establish more than 1, please provide an additional list.