rueimaster ru	ei Management System setup	(Section 1 – Venicles & Equipment 1	nent)
Account Name:		Acct #:	
Contact Name:	Office:	Cell:	
Approval Signature: _		Date:	
It is understood and agree	by the authorized signer of the company that they are respond	ourchase fuel from the Fueling facilities operated by Eli Roberts onsible for any purchase made by these people or with these k tions received by ERS will be effective by the end of the next by	eys.

1 st Key	2 nd Key	3 rd Key	4 th Key	5 th Key
John Doe-Owner	Truck #5	Service Truck	Backhoe	Tote Tank-Drum
Management Key	2008 Ford	2012 Ford	John Deere	n/a
n/a	F150	F350	510	n/a
All Products	1 -E10	3 -On Road	4 -off rd	4 -off rd
n/a	20	30	30	50
No	yes	yes	no	no
No limit	20	30	30	50
No limit	50	50	50	100
	John Doe-Owner Management Key n/a All Products No No limit	John Doe-Owner Truck #5 Management Key 2008 Ford Na F150 All Products 1-E10 No yes No limit 20	John Doe-Owner Truck #5 Service Truck Management Key 2008 Ford 2012 Ford Na F150 F350 All Products 1-E10 3-On Road Na 20 30 No yes yes No limit 20 30	John Doe-Owner Truck #5 Service Truck Backhoe Management Key 2008 Ford 2012 Ford John Deere n/a F150 F350 510 All Products 1 -E10 3 -On Road 4 -off rd n/a 20 30 30 No yes yes no No limit 20 30 30

FuelMaster Fuel Management System setup (Section 1 – Vehicles & Equipment) Account Name: _____ Acct #: _____ Contact Name: _____ Office: ____ Cell:____ Approval Signature: _____ Date: _____ By signing above, We hereby authorize the keys listed below and persons on page 2 to purchase fuel from the Fueling facilities operated by Eli Roberts & Sons, Inc. It is understood and agreed by the authorized signer of the company that they are responsible for any purchase made by these people or with these keys. Any and all requests to cancel a key or person must be sent in writing to ERS. Cancellations received by ERS will be effective by the end of the next business day. 3rd Key 5th Key 1st Key 2nd Key 4th Key Key Encoding Criteria Description Vehicle # / Equipment / Tank / Cans etc Vehicle Year & Make Vehicle Model **Product Authorization** 1- E10 UL , 2- Premium, 5-Non Ethanol 3- Diesel, On Road 4- Diesel, Off Rd **Vehicle Fuel Tank Capacity Odometer Required?** Fuel Quantity - Max per Fill up Fuel Quantity - Max per Day

Make Additional copies as needed

FuelMaster Fuel Management System setup (Section 2 – Employees)

Account Name:	Acct #:		
Approval Signature:	Date:		

Employee Name	ID Code # (5 digits alphanumeric)	Employee Name	ID Code # (5 digits alphanumeric)
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	