

GOLD CARD APPLICATION FORM

Please complete the form below items 1 to 9, read the terms and conditions of the card, acceptance claim and sign, date and return the form to Petro Oil Kenya Limited Head Office, Mombasa:

1.	Account Holder Name:							
2.	Contact Person's Name:							
	Contact No:		Er	mail:				
3.	Vehicle Registration No:			Please indicate ANY VEHICLE if you wish to use your card for more than one vehicle. If cards are to be				
4.	Maximum Liters per Fill (optic	iters per Fill (optional) issued for a fleet please provide details 3 to 9 on a list on separate sheet provided						
5.	You can restrict the products the card can be used for (select only one choice from the options below): 1. All Products (Petrol + Diesel)							
	☐ 2. Petrol							
	☐ 3. Diesel							
7.	Days and time of use (Select of inclusive. You may limit the date of the control	e From	to to to to to	be used):	☐ Mount Kenya ☐ Central Region ☐ Coast + Voi, Malind			
8.	Optionally you may limit the v	value of monthly	/weeklv/dailv(tick one) transactions.(KSF	4)			
9.			7, 1	,				
	a. Prepaid - Amount of	initial credit to th	ne account KSI	-1				
	b. Credit Account – Am							
				settled within 15 days of m	– nonthly statement.			
	ave read, understood and accep nditions shall constitute our agr	•	ms and condit	ions for use of the Petro G	old Card. I agree the sai	d terms an		
 Na	me and Signature of Authorised	Representative			ate			



OFFICIAL USE	
Credit limit approved: Ksh	Customer No:
Reviewed by:	Approved by:
Date:	Date:

Vehicle List

Card Holder	Vehicle Reg	Fuel Type	Time Limits	Geography	Monthly/Weekly/Dai
Name	Number	Petrol/Diesel		Limits	Limits
			1000		
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		Care Care			
10					
			A.		
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If space not enough please attach list.