TAJ CARD FLEET
APPLICATION FORM

TAJ GASOLINE

CUSTOMER INFORMATION

Company/Business Legal Name _____

Type of Company/Business

☐ Private Limited Company ☐ Public Limited Company (Listed) ☐ Public Limited Company (Unlisted)

☐ Partnership ☐ Sole Proprietorship ☐ Government ☐ Other _____

Nature of Company/Business

_____

Company/Business Website _____

CNIC/Sales Tax Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NTN Number ☐☐☐☐☐☐☐☐☐

Office Address

_____

_____

City _____ Province _____ Code _____

Mobile _____ Landline _____

Email _____

Billing Address (If other than office address)

_____

_____

City _____ Province _____ Code _____

Mobile _____ Landline _____

Email _____

Authorized Person Information

Name (First, Second, Last)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Position _____

Mobile _____ Landline _____

Email _____

Mailing Preference

☐ Office ☐ Other ☐ Email

CARD & VEHICLE INFORMATION

Information to be printed on Card for Vehicle

Company Name (As Required on Card)

Cardholder Name (Optional)

Vehicle Number (As Required on Card)

Other Information of Vehicle

Ownership ☐ Company/Business ☐ Self ☐ Government

Vehicle Registration Number _____ City of Registration _____

Make _____ Fuel Tank Cap Liters _____

Category ☐ Car ☐ Truck ☐ Van ☐ Bus ☐ Tractor ☐ Crane ☐ Other _____

Set Card Limit by: ☐ Quantity in Liters ☐ Amount in Pakistani Rupees

Limit Requirement	**Single Limit for All Products**	**Multi Limit by Products**				For Office Use Only
		Diesel	Petrol	HOBC	Lubricants	
Per Transaction						
Daily						
Weekly						
Monthly						
Yearly						

Set Card Limit by Geography: ☐ Yes ☐ No

Mention Specific Geographic Locations for Limit.

_____ _____ _____

_____ _____ _____

_____ _____ _____

Card Features and Services

SMS Alerts ☐ Yes ☐ No **Courier Billing** ☐ Yes ☐ No **Online Portal** ☐ Yes ☐ No

Note: Use multiple sheets for multiple vehicles.

PAYMENT INFORMATION

Total Number of Fleet Cards Applied _____

Total Estimated Consumption _____ Liters _____ Amount

Type of Account

☐ Security Deposit ☐ Bank Guarantee ☐ Credit

Mode of Payment

☐ Cheque ☐ Pay Order ☐ Demand Draft ☐ Online

Bank Reference

Bank _____ Branch _____ City _____

Account Number _____ Contact Person _____

Contact Number _____

DECLARATION

Applicant acknowledges that he or she has:

- Read and agreed all terms and conditions.
- Provided accurate, latest and complete information.
- Authorized Company for verification of information.
- Accepted responsibility for payment of all charges and liabilities billed by Company in the statement of account.

Name _____ **Signature** _____

Date D D / M M / Y Y Y Y

For Office Use Only

Fill and courier this form to:
Taj Card Solutions, Taj Gasoline Private Limited,
Office Number 1, First Floor, Bahria Complex 4, Left Wing,
Chaudhry Khaliq u Zaman Road, Clifton, Karachi.