

# Voyager Account Setup Form

*This Form is used for cards tied to the Vehicle. Please fill out all of the vehicle information if you want the account tied to a vehicle.*

*Card can prompt for Driver ID or PIN. Please fill out the Driver Information - PIN or Driver ID section for prompt information*

*For more PIN and card assignment options, please contact*

<b>Cards Tied to:</b>	<b>Vehicle</b>
<b>Cards Prompt for: (Choose one of the following)</b>	
Driver ID	<input type="checkbox"/> Yes/No
PIN ID	<input type="checkbox"/> Yes/No

**Company (Level 1)** State of Arkansas

**How do you label company hierarchies? Division, Area, etc?**

Level 2	<input type="text"/>	(Account Name)
Level 3	<input type="text"/>	

**Card Embossing - 3 Line Limit**

Emboss Company Name? (22 Characters)	Yes/No
<b>Choose one of the following:</b>	
License (17 Characters)	Yes/No
VIN (17 Characters)	Yes/No
Vehicle Description (17 Characters)	Yes/No

**The address where the bill will be paid**

Billing address Line 1:	<input type="text"/>
Billing address Line 2:	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip + 4	<input type="text"/>

**Accounts Payable Contact:**

Phone

**Software Applications**

FleetCommander Online	<input type="checkbox"/> Yes/No
-----------------------	---------------------------------

**Card address other than billing address**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Electronic billing file ASCII/Excel**

Email address

<input type="text"/>
<input type="text"/>





Vehicle Information													Exception		
Vehicle Information			Authorization Data				Authorization Data						Exception		

In Reports Data	

# Voyager Account Setup Form

*This Form is used for cards tied to the Driver*

*Card can prompt for Vehicle ID or PIN.*

*For more PIN and card assignment options, please contact*

Agency code=

**Cards Tied to:**

**Driver**

**Cards Prompt for: (Choose one of the following)**

Vehicle ID

Yes/No

PIN ID

Yes/No

**Company (Level 1)**

State of Arkansas

**How do you label company hierarchies? Division, Area, etc?**

Level 2

(Account Name)

Level 3

**Card Embossing - 3 Line Limit**

Emboss Company Name (22 Characters)? Yes/No

Driver Name (17 Characters) Yes/No

**The address where the bill will be paid**

Billing address Line 1:

Billing address Line 2:

City

State

Zip + 4

**Card address other than billing address**

**Accounts Payable Contact:**

Phone

**Software Applications**

FleetCommander Online

Yes/No

**Electronic billing file ASCII/Excel**

Email address

**\*\* Please fill out the Driver information tab if tied to the driver - all sections.**

**\*\* Please fill out the Vehicle Information tab - vehicle description, unit number and last 6 digits of VIN to prompt for ONLY**









Code	Product Name	Valid Days	Includes
01	Unleaded	All	Seven days of the week
02	Unleaded Plus	M-F	Monday thru Friday
04	Super Unleaded	SA	Saturday
05	Diesel	SU	Sunday
06	Aviation	M-F, SA	Monday thru Sat
07	Jet Fuel	M-F, SU	Sunday thru Friday
08	Marine		
50	Propane		
51	Natural Gas		
52	Methanol		
53	Ethanol		
54	Kerosene		
55	10% Gasohol		
56	7.7% Gasohol		
57	5.7% Gasohol		
58	White Gas		
59	Compressed Natural Gas (CNG)		
60	Dual Propane/Unleaded		
61	Wide Nozzle Unleaded		
62	Special Motor Fuel – LPG		
63	Other Fuel		

**Valid Times**

Times should be in military format. Examples:

0100	1:00 AM
1200	12:00 Noon
0000	12:00 Midnight
2200	10:00 PM
1630	4:30 PM

**Exception Reports Data**

Max. Copy.	Fuel Type
20	1
30	60