

BAYARAN POS
AKAN DIBAYAR
OLEH PEMEGANG
LESEN

SURAT LIPAT JAWAPAN PERNIAGAAN
NOMBOR LESEN 1332

SETEM POS
TIDAK PERLU
JIKA DIPOSKAN DI
DALAM MALAYSIA



ExxonMobil Malaysia Sdn. Bhd. (Company No.: 4527-V)
ExxonMobil Card Centre,
Peti Surat No. 28, Pejabat Pos Dengkil,
43807 Dengkil, Selangor Darul Ehsan.



* Only eligible for customers who signed up for the Smiles Driver Rewards Programme.
Smiles Points will be credited to your Smiles card upon full and prompt payment.
** Excluding tobacco and e-pay services.
*** Excluding car wash and other on-site services.

Our Fleet Card lets you manage your fleet's fuel expenditure and performance with total ease.

- Enjoy absolute convenience of an automated, cashless payment system at over 560 Esso and Mobil service stations nationwide.
- Gain greater control of your fleet's fuel expenditure and performance.
- Get reliable security against fraud and abuse of cards.
- Reward yourself with Smiles Points*, redeemable for mart** and non-mart items***.

Instructions to Complete Applicant Details

Registered Office Address / Mailing Address

This is where we will send your Invoice, Statement and Vehicle Performance Report.

Company Name on Fleet Card

Fill in your Company name, abbreviated to only 26 characters. This name will be embossed on every card we issue to your Company.

E-mail Address

e-Business access and any email correspondence will be sent to this address.

Billing Period

State whether weekly, fortnightly or monthly terms preferred. A 2% charge will be imposed on late payments.

Currency

You will be billed in Malaysian Ringgit (RM).

Instructions to Complete Vehicle Details

Vehicle

Please fill in the vehicle registration number, type and model.

Department

Please indicate the department each vehicle belongs to.

Type of Fuel

Please tick type of fuel (Synergy F-1, Synergy 5000, Synergy Diesel) each card is allowed to purchase.

Fuel Limits (in RM)

Specify the amount of fuel each card is allowed to purchase on a daily or monthly basis.

Vehicle Performance Report (Y/N)

If you require a Vehicle Performance Report, indicate a "Y". If not, mark "N".

Instructions to Complete Driver Details

Name on Driver Card

Please fill in driver name or designated driver number/alphabet to be embossed on each card. Names limited to 16 characters only.



We're drivers too.



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 Peti Surat No. 28, Pejabat Pos Dengkil, 43807 Dengkil, Selangor Darul Ehsan
 or call us at 1 800 88 8298 or fax to 603 8318 4559

Fleet Card Application

Applicant Details

Company Legal Name:	
Registered Office Address:	
Mailing Address (if separate):	
Company Name to be embossed on Fleet Card: (max of 26 characters)	
Contact Person:	Position:
Office No.:	Fax No.:
E-mail Address:	
Type of Company: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Sdn. Bhd. <input type="checkbox"/> Berhad	
Date of incorporation:	Nature of Business:
Company Registration No.:	
Fleet Card Type: <input type="checkbox"/> Single Card (cards will be issued for each vehicle) <input type="checkbox"/> Both (kindly specify in the Vehicle Details below) <input type="checkbox"/> Dual Card* (cards will be issued for multiple vehicles with multiple drivers)	
Billing Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	
Invoice Preference: <input type="checkbox"/> Hardcopy via Post <input type="checkbox"/> e-Invoice via e-Business <input type="checkbox"/> Both	
Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Debit <input type="checkbox"/> Telegraphic Transfer	
Account Holder wishes to sign up for: 1. Smiles Driver Rewards Programme <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in the details of Authorised Smiles cardholder. Full Name: _____ IC No.: _____ H/P No.: _____ 2. e-Business <input type="checkbox"/> Yes <input type="checkbox"/> No Full terms and conditions will be provided upon issuance of Fleet Cards.	

Vehicle Details

Vehicle No.	Card Type (S/D)*	Model	Type	Dept	Synergy			FUEL LIMITS (RM)**		VPR*** (Y/N)	ExxonMobil Use Only	
					F-1	5000	Diesel	Daily	Monthly		Profile	Card
Eg. ABC 1234		Proton	Car		✓			30	300	Y		

* S – Single Card D – Dual Card ** To be rounded to the nearest ten. *** VPR – Vehicle Performance Report

* **Driver Details** (this section is only applicable to Dual Card applicants)
 Name to be embossed on the Driver Card (max of 16 characters)

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.

(Please use attachment for additional vehicles and names.)
 Note: To expedite processing of your application, please attach the following:

Proprietor/Partnership 1. Business Registration Certificate (Form B & D) 2. Latest Audited Financial Statements 3. Latest 3 months' bank statements	Sdn Bhd/Berhad 1. Latest Form 9, 24, 49 2. Latest 3 months' bank statements 3. Latest Audited Financial Statements 4. Latest Form C & Form R (Income Revenue Board of Malaysia), if deemed appropriate
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We confirm that all the above information is correct and agree to be bound by the ExxonMobil Malaysia Sdn. Bhd. Fleet Card Terms and Conditions which will be issued to us together with the Fleet Cards. We understand ExxonMobil Malaysia Sdn. Bhd. has the absolute right to approve or reject our application as it deems fit. We authorise ExxonMobil Malaysia Sdn. Bhd. to check our credit and activities prior to approval.

Authorised Signatory: _____
 Full Name: _____
 Designation: _____ Date: _____

Company Stamp

For ExxonMobil Malaysia Sdn. Bhd. Use Only

Credit Limit / Terms: _____	Bank Account No.: _____	Sales Territory: _____
Cash Deposit / BG: _____	Branch: _____	Industry: _____
Company's Banker: _____	Customer No.: _____	State: _____
Entered by: _____	Approved by: _____	Endorsed by: _____
Date: _____	Date: _____	Date: _____