



AKA Enterprises, Inc.
 9292 Brownridge St.
 Lenexa, KS 66220
 Contractor for FedEx® Ground

DRIVER FUEL POLICY

Employees authorized to fuel company vehicles are issued a Personal Identification Number (PIN) to be used with the company’s MasterCard Fleet Cards. This document is to verify that you understand your responsibilities and the company’s policies regarding the use of your PIN.

Employee Acceptance Statements

1. I have been issued a PIN, which authorizes me to fuel company vehicles only, using the company’s MasterCard Fleet Cards. This number is the last 6 digits of my driver’s license.
2. I understand that my PIN identifies me by name on a daily & weekly fuel report and that I am accountable for all transactions made using my PIN. Therefore, I will not share my PIN with anyone. If I believe someone else knows my PIN, I will immediately notify my supervisor and/or fleet manager.
3. I understand that the MasterCard Fleet Cards are not to be used for personal vehicles or non-business purposes. Using the Fuelman card for any purpose other than official business use will be considered theft of company property. The penalty for using the Fuelman card for personal purposes will be termination and a surcharge of \$25.00, deducted from my paycheck for each offense, plus the personal usage amount.
4. I understand that each time I use a MasterCard Fleet Card I am required to completely fill the vehicle’s fuel tank and enter an accurate odometer reading. This will allow the company to monitor fuel usage and track required maintenance intervals.
5. I understand that each MasterCard Fleet Card is assigned to either an individual company vehicle or specific fueling purpose (example; off road equipment fuel card). My PIN will work with any MasterCard Fleet Card issued to the company. I understand that it is against company policy to swap or share cards between vehicles or to use any card for other than the intended purpose.
6. I understand that I am only allowed to purchase _____ fuel with the MasterCard Fleet Card. I understand that I may not purchase any other non-authorized products on the company’s MasterCard Fleet Card.

Evidenced by my signature below, I understand and agree to the above statements.

Employee Name: (Print) _____ PIN: _____

Signature: _____ Date ____ / ____ / ____