

Sheriff's Office
Enterprise WEX Fuel Card
Card Holder Signature
Form

Enterprise Fuel Card Number: _____

Card Holder or Card Custodian (print) _____

Account Codes:

Dept: _____ Fund: _____ Program: _____ Org: _____

Project: _____ Activity: _____ Area: _____

Signing for this Enterprise WEX fuel credit card is an acknowledgment that I have read the Sheriff's Office Enterprise WEX fuel credit card policy and I agree to the terms and conditions.

Card Holder or Card Custodian's Signature _____ Date _____