



## COMPANY DETAILS

Company Name (Maximum 24 Characters):

Company Registration No: \_\_\_\_\_ Date Of Incorporation: \_\_\_\_\_

Company Address:

Postcode:

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Billing Address (If Different):

Postcode:

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email:

Type Of Business:

Company Name To Appear On The Card (If Different):

Current Business With Shell (If Any)

As Supplier Since \_\_\_\_\_ (State Year) \_\_\_\_\_ (Dept)

As Customer Since \_\_\_\_\_ (State Year) \_\_\_\_\_ (Dept)

## REPORTS

Do You Require Fleet Analysis Report?

Yes  No

Do You Require Cost Centre Summary Report?

Yes  No

How Do You Want Your Purchase Report To Be Printed?

By Driver  By Vehicle

## CREDIT REFERENCE

Bank/Finance Company \_\_\_\_\_ Type of Facility \_\_\_\_\_ Loan Amount \_\_\_\_\_

Are you an existing Shell customer? If yes, please provide types of facility.

Account Number \_\_\_\_\_ Type of Facility \_\_\_\_\_ Credit Limit \_\_\_\_\_

Sales Representative:

Credit Limit Required:

RM

## COMPANY DECLARATION AND ENDORSEMENT

I/We confirm that all the information provided is correct and authorize **SuperKad Services Sdn Bhd** to verify from whatever sources **SuperKad Services Sdn Bhd** may consider appropriate. I/We hereby acknowledge that the Card may only be used subject to the Terms and Conditions of the Shell Card Cardholder Agreement and agree to be bound by the Terms and Conditions listed in the Shell Card Cardholder Agreement. **SuperKad Services Sdn Bhd** shall reserve the absolute right to approve or reject this application as it deems fit without assigning any reason whatsoever.

Upon approval of this application, I/We hereby request **SuperKad Services Sdn Bhd** to set the Purchase Restriction and Usage Limits on the Driver/Vehicle as indicated in the application form. We understand that the Purchase Restriction and Usage Limits can only be monitored electronically. We will not hold **SuperKad Services Sdn Bhd** responsible if these cards are used at stations where the electronic devices are inoperative or out-of-order. I/We also understand that should the Purchase Restriction and Usage Limits be breached for any reason whatsoever, this shall not constitute grounds for us not to pay for the products/services purchased.

AUTHORIZED SIGNATORY

FULL NAME

COMPANY STAMP

DESIGNATION

DATE

## FOR SUPERKAD USE ONLY

Customer Account Number: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Application ID: \_\_\_\_\_ Bill Plan: \_\_\_\_\_ Approved/Declined: \_\_\_\_\_ Date: \_\_\_\_\_

Template ID: \_\_\_\_\_ Remarks: \_\_\_\_\_

## SHELL CARD ONLINE (SCOL)

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

**USER INFORMATION** Please complete this section for all users who will be given access to online services. Note that all fields are mandatory. Should you have more than two users, they must complete the additional user information details. Photocopy of this registration form can be accepted.

User Particulars	Family Name/Surname	Preferred Name	Designation	Telephone Number	Facsimile Number	Email Address*
User 1						
User 2						

\* Email for user 1 & 2 must be different & unique

### SHELL CARD ONLINE REQUIREMENTS

Manage your Shell Cards online.

User 1	User 2
<input type="checkbox"/> Shell Card Management Reports	<input type="checkbox"/> Shell Card Management Reports
<input type="checkbox"/> Shell Card Smart Alerts	<input type="checkbox"/> Shell Card Smart Alerts
Please list your Shell Card Account Number (\$)	Please list your Shell Card Account Number (\$)

## FOR SUPERKAD USE ONLY

User ID A: \_\_\_\_\_ Password A: \_\_\_\_\_

User ID B: \_\_\_\_\_ Password B: \_\_\_\_\_

By: \_\_\_\_\_ Issue Date \_\_\_\_\_

Remarks: \_\_\_\_\_

Terms & Conditions: Access to Shell Card Online is governed by the Shell Card Online Terms & Conditions and Privacy & Security Policy. By ticking the boxes above and returning this application form to Shell, your company agrees to be bound by these Terms & Conditions and Privacy & Security Policy.