**

**WHITELIST Request Form for Fuelman State of MS Contract Account**

**Request for Removing Out-of-State Card Use Restrictions**

***Only card level State restrictions will be lifted – No Account level Request will be granted. Request should be submitted 1-2 days prior to travel to allow for processing time.***

|  |  |
| --- | --- |
| BG Number (found on your Invoice) |  |
| Business (Account) Name  |  |
| Contract Name | State of Mississippi |
| Full 17-digit Vehicle card # - You may list multiple card #’s. Only if they are traveling together. **(No spaces or dashes in the card #)** |  |
| Provide the **START** and **END** travel dates which the card should be whitelisted |  |
| Provide the **EXACT STATES** the cardholder will be traveling through for the round trip. |  |

|  |  |
| --- | --- |
| Requestor Name & Title |  |
| Email: | Date: |
| Contact Phone #: |

*Please e-mail the completed Form to* *fraudalerts@fleetcor.com* *and copy* *michelle.deleon@fleetcor.com**;* *andrea.mercer@fleetcor.com*

*Fraud analyst please add the following note to SalesForce: “This account has requested Out of State whitelisting”*