



LOST OR STOLEN FUEL CARD

URGENT FAX

Please ensure this document is filled out as soon as possible after becoming aware of the loss of your card. As you are responsible for all expenditure until notification has been received.

Company Name	<input type="text"/>	
Date Form Completed	<input type="text"/>	
Employee Name	<input type="text"/>	
Current Residential Address	<input type="text"/>	YOUR REPLACEMENT CARD WILL BE SENT TO THIS NOMINATED ADDRESS
Suburb and Postcode	<input type="text"/>	
Vehicle Registration	<input type="text"/>	

**Please fax this document back to Boost Salary Packaging
Customer Service Department
Fax No: 07 4130 5213**

Boost Salary Packaging Section Only

<i>Date fax received</i>	<input type="text"/>
<i>Fuel card suspended date:</i>	<input type="text"/>
<i>New card issued to above address (date)</i>	<input type="text"/>