QUESTIONS?

SPEEDWAY PREPAID CARDS

SPEEDWAY P

PHONE: (937) 863-7535

CALL (937) 863-7535

opecamay. NO	IN-PROFI	I OKDEI	K FURIVI					GIVI-Spv	vyEMCPr	epaid@7-11.com		
CUSTOMER INFORMATION								ORDER DATE:				
NAME:	COMPANY/ORG							:		•		
ADDRESS:							ESS 2:					
CITY:					STATE:				ZIP:			
EMAIL:						PHO	NE:					
ORDER INFO	RMATION			DIE	ASE AL	1014	122 BIICIN	IESS DAVS TO	DDOCES	S YOUR ORDER		
PO NUMBER:					(Orders are <u>not</u> processed on weekends or holidays)							
(For Reference Only)	ADD TVDE:		\/ALLIE.		,			П				
CARD TYPE: (Select 1 per line)			VALUE: (\$1-\$1,900)	QTY:		1	TOTAL:	DISCOUNTS				
GIFT	FUEL F	OOD					ACH - Draft					
GIFT	FUEL F	OOD						5% discount on Gift Cards of \$500 or more 5% discount on Fuel Cards of \$500 or more				
GIFT	FUEL FOOD 8% discount on Food Cards								rds			
GIFT FUEL FOOD								Check				
GIFT FUEL FOOD								(Payable to Speedway Prepaid Card LLC) 5% discount on Gift Cards of \$500 or more				
GIFT FUEL FOOD								5% discount on Fuel Cards of \$500 or more 8% discount on Food Cards				
GIFT	FUEL F	OOD						8% discount	on Food Cal	ras		
GIFT	FUEL F	OOD										
GIFT	FUEL FOOD To receive the non-profit discount									profit discount		
GIFT			you must provide					•				
GIFT FUEL FOOD SHIPPING INFORMATION			DISCOUNT:					Federal IRS 501(c)(3) Determination				
OVERNIGHT: \$8/100 CARDS				SHIPPING:				Letter.				
STANDARD: \$3.95/ORDER			TOTAL DUE:					(The letter is kept on file and does not have to be submitted with each order)				
		hod of payn	PAYMEN nent. Your orde		_		_	thout the me		,		
CHECK For check payments mail payment to:			OR					ACH DRAFT For ACH payments:				
SPEEDWAY PREPAID CARDS							ΔCH informat	H information is kept on file. If you have not previously provided at ACH information, please click here for the ACH Authorization Form. Submit via Email, Fax, or Mail				
500 S ENO				-								
ORDER AUTHORIZATION						SHIPPING INFORMATION (If different than above)						
I authorize Speedway LLC, 7-Eleven, Inc, or its subsidiaries to charge the amount shown on the						ſ	NAME:					
Total Line to my account for the purchase of Prepaid Products. I understand that my payment information is stored with this order and upon my direction, will be used as payment for future						ADDRESS 1:						
orders. I certify that I will be responsible for the charges.						ADDRESS 2:						
							CITY:					
SIGNATURE:							STATE:		710.			
							DIAIC:		ZIP:			
OFFICE USE ONLY: 501(C)(3) DETERMINATION LETTER						ACH AUTHORIZATION						

FAX: (972) 828-5354

EMAIL: GM-SpwyEMCPrepaid@7-11.com