Fleet$avings

Roady's Truck Stop

FUEL REBATE AUTHORIZATION AND TRACKING FORM
Fax to 423/825-7595

The below mentioned transportation company (Carrier) is in agreement to utilize _____ (fuel card provider) for all *in network* travel center / truck stop purchases and the carrier has elected to participate in the Fleet$avings **monthly** fuel rebate program utilizing a pre-determined *in network* of fuel stops and travel centers. In order for Fleet$avings to determine the amount of **monthly** rebates owed to the Carrier, _____ (fuel card provider) must provide information to Fleet$avings about the Carrier's **monthly** fuel purchases.

Fleet$avings rebates will replace and not be in addition to any currently existing discounts or rebates that the Carrier receives from Roady's fuel locations.

Roady's monthly rebate program at Roady's fuel locations:
Monthly purchase of less than 25% of fleet's monthly total purchases at Roady locations = no rebate.
Monthly purchase of 25% - 34.9% of fleet's monthly total purchases at Roady locations = $.01 per gallon rebate.
Monthly purchase of 35% - 44.9% of fleet's monthly total purchases at Roady locations = $.02 per gallon rebate.
Monthly purchase of 45% - 54.9% of fleet's monthly total purchases at Roady locations = $.03 per gallon rebate.
Monthly purchase of 55% - 74.9% of fleet's monthly total purchases at Roady locations = $.04 per gallon rebate.
Monthly purchase of 75% or more of fleet's monthly total purchases at Roady locations = $.05 per gallon rebate

Fax completed and signed forms to 423/825-7595 authorizing _____ (fuel card provider) to provide fuel purchase data, allowing Fleet$avings to calculate any and all rebates owed to the Carrier. The information will consist of purchase locations and monthly total number of gallons. A monthly rebate processing fee of $11.95 will be deducted from all rebates. All information provided will be held securely.

_____ _____
Carrier name **Address**

_____ _____
City **State** **Zip** **Phone**

_____ _____
Authorized signature and title **Printed name** **Date**

_____ _____ _____
Fuel Card Provider **DOT Number** **MC Number**

_____
Fuel Card Provider Acct. Number