

BP Authority and Contact Update Form

Use this form to update your contact details if you do not have access to BP Fuelcard Online. Please action your changes online if you have BP Fuelcard Online access.

Please complete the relevant sections as required, sign the back and return to bpfuelcard@bp.com

By filling out the relevant sections as required, you are acknowledging that these are the most up-to-date contacts for the account.

*Mandatory Fields

Section A: Validation Requirements

To verify that you have the authority to make changes on the account, please fill out the following details:

*BP Fuelcard Account Number OR Customer Number (10 digits)		
*Last five digits of any card number	*GST Number	
*Dollar amount of a tax invoice issued within the last 6 months	*The "Period Starting" date at the top of this invoice	

Section B: Company Information

*Company Name		
*Trading Name (if different from company name)		
*Street Address		
*Fax Number or Company Email Address		
*Postcode	*Phone number	
*Postal Address (if different from above)		

Section C: Primary Contact

*Full Name		
*JobTitle		
*Email		
*Phone number	*Fax Number	

Would you like to use this contact as the BP Fuelcard delivery contact?

□ No. Please complete Section D Yes. I would like the card deliveries sent to:

 $\hfill\square$ Street Address or $\hfill\square$ Postal Address (Please go to Section E)

Section D: Card Delivery Contact

*Full Name			
JobTitle			
Phone Number		Mobile Number	
Email			Fax Number
Where would you like your cards	delivered to?	□ Street Address □ Po	ostal Address
Postal address for cards (if different to in Section B)			

Would you like to use this contact as the tax invoice recipient?

 $\hfill\square$ No. Please complete Section E

 \Box Yes. Please skip Section E

Section E: Tax Invoice Contact

Full Name				
JobTitle		Phone Number		
Mobile Number	Email			
Fax Number				
Street Address				
State		Postcode		
How would you like this contact to receive fleet reports and tax invoi		🗆 Email	or	□ Mail
If you would like your reports and which address would you like the	mail,	Street Address		Postal Address
Postal address (if different to in Section B)				

Would you like to add an additional email recipient of tax invoices?

 \Box No. \Box Yes. Complete details below

Full Name		
JobTitle	Phone Number	
Email		

Section F: Additional Account Contacts (if required)

These contacts will be able to lodge queries with BP.

First Name		Surname	
Phone Number		Mobile Number	
Fax Number	Email		

First Name		Surname	
Phone Number		Mobile Number	
Fax Number	Email		

First Name		Surname	
Phone Number		Mobile Number	
Fax Number	Email		

Section G: Access to BP Fuelcard Online - please complete if you'd like to create access to BP Fuelcard Online

Manage your BP Fuelcard account by registering to BP Fuelcard Online. BP Fuelcard Online allows you to make changes to your account, provide account and transaction management, card ordering, reporting features and exporting transactions, all at no additional cost. The following details will be used to send you your online BP Fuelcard username and password.

First Name	Surname	
Email		
First Name	Surname	
Email		
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First Name	Surname	
Email		

Section H: Privacy

By completing this form, personal information may be provided. The Customer acknowledges and agrees that the provision of such personal information is for the primary purpose of administering the BP Fuelcard Account. BP's collection, storage, disclosure and use of the Customer's representatives' personal information will be performed in accordance with BP's Privacy Policy that is available at www.bpfuelcard.co.nz. The Customer acknowledges that BP may use the Customer's and its representatives' personal information for additional purposes including:

- planning, product development, marketing offers and research (if the Customer or its representatives do not wish to receive any marketing offers, please contact BP);
- exchanging information about the Customer and its representatives with the Customer's nominated referees; and disclosing to BP's
 related entities and service providers including bankers, electronic interface switch providers, printers, insurance companies, mail
 houses, solicitors, auditors, professional advisers and debt recovery agents with whom we have a contract, such of the personal
 information as is necessary for BP to manage your Account.

To read BP's full privacy policy please visit https://www.bpfuelcard.co.nz/pdf/BP_Fuelcard_Terms_&_Conditions.pdf

Authorisation

- □ I acknowledge that the details in this form are correct and are the most up-to-date contacts for the account.
- □ I warrant that I am authorised to complete and submit this form for the organisation stated in this form and I am completing this form on behalf of that organization
- □ I agree to the acknowledgements, declarations, warranties, representations and authorisations included in this form.

Please note that you can digitally sign this form.

Authorised Representative Full Name (print in BLOCK letters)	
Authorised Representative Job Title	
Authorised Representative Signature	
Date	

Please email completed form to bpfuelcard@bp.com (digital signature accepted)

Alternatively, return the completed form to: **BP Fuelcard Manager BP Oil New Zealand Limited** PO Box 99873 Newmarket, Auckland 1149