

FLEET COMMANDER ONLINE ENROLLMENT FORM

* Required field **FORM MUST BE SUBMITTED BY POINT OF CONTACT (POC) ON THE ACCOUNT

ACCOUNT INFORMATION

**Name of POC _____

*Date Submitted _____

*Account Number _____

*Account Name _____

*Agency/Organization _____

USER INFORMATION

*Preferred User Id _____ (Minimum of 6 characters. No symbols or special characters.)

*Secret Question for Password Reset:

Mother's Maiden Name Father's Middle Name Child's Name Pet's Name Birthplace Favorite Sports Team

*Answer to your secret question _____

*First Name _____ Middle Initial _____ *Last Name _____

Job Title _____ *Phone Number _____

*Email Address _____

*Street Address _____ *City _____ *State _____ *Zip _____

ENTITLEMENT GROUP

*Account Maintenance Edit/View View Only None

*Reporting Yes No *Statements Yes No *Bill Pay Yes No

*Email Notifications

Online Statement is available Payment is Due Payment is Past Due Purchase Decline None
