

**GENERAL SERVICES ADMINISTRATION  
VOYAGER FLEET CARD  
VENDOR DATA FORM**

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street Name & Number, Rt. # or P.O. Box City State Zip

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Form of Organization:**  Sole Proprietorship  Partnership  Corporation  
 Limited Liability Corp.  Other \_\_\_\_\_

**If Sole Proprietor, owner's name:** \_\_\_\_\_

**Are you a franchisee?**  Yes  No **Does your business have more than one location?**  Yes  No # Loc's

**Who is responsible for making decisions for all of your locations?** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Contact Person Street Name City State Zip

**What is your Corporate ID #:** \_\_\_\_\_ **GSA Vendor#:** \_\_\_\_\_

**Parent Company or Doing Business As (if applicable) (Name):** \_\_\_\_\_

**Do you currently accept VISA credit cards?**  Yes  No  
**Do you use an electronic credit card terminal?**  Yes  No  
**Does the terminal prompt for sales tax and customer code on a Visa sales transaction?**  Yes  No

**Credit Card Service Provider:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Merchant #** (Assigned by Service Provider): \_\_\_\_\_ **Federal Tax ID#** (TIN): \_\_\_\_\_

**POS Hardware:** \_\_\_\_\_ **POS Software:** \_\_\_\_\_

**URL Address/Email Address:** \_\_\_\_\_

**Minority Status: (circle one)**  Not Minority Owned  Asian-Indian  Asian-Pacific  Black  
 Hispanic  Native American  Other: \_\_\_\_\_

**Disabled Veteran Business:** Yes No **Small Business:** Yes No  
**Vietnam Veteran Business:** Yes No **Subject to IRS 1099 reporting:** Yes No  
**Woman-owned Business:** Yes No

**Please check all services that you provide:**

Tire  Glass  Brakes  Muffler  Car Wash  
 Fast Lube  Body Shop  Car Dealership  Maintenance  Repair  
 Wrecker Service  Other \_\_\_\_\_  Fuel  Alternative Fuel  
 Auto and Light Trucks  Medium/Heavy Trucks Gas  
Diesel Other Alt Fuel Type

**Please FAX this completed form to (800)757-5841 (toll free), or mail in the envelope provided to:**

**General Services Administration  
c/o AOC Solutions, Inc.  
10387 Main St., Suite LL1  
Fairfax, VA 22030**

**GENERAL SERVICES ADMINISTRATION**

**VOYAGER FLEET CARD**

**VENDOR DATA FORM**

**If you need assistance in completing this form call (800)233-8545 and identify yourself as a General Services Administration merchant.**