

# WEX FUEL CARD AGREEMENT



**PURPOSE: Socorro County offers a WEX Fuel Card Program to establish a more efficient, cost-effective method for obtaining vehicle fuel for County-owned vehicles used for official business.**

I, the undersigned, as a WEX Fuel Card User and responsible party, agree to comply with the terms and conditions of this Agreement and all applicable Socorro County Policies and Procedures including but not limited to the Vehicle Use Policy and Fuel Card Program Policy.

I acknowledge that I have read and understand the above-mentioned Policies and Procedures.

I understand that the Fuel Card cannot be used for personal items or purchases and that the Card may only be used to purchase fuel for Socorro County vehicles.

I understand that I am responsible for the security of the Fuel Card while in my possession.

I further understand that improper use of the Fleet Card may result in disciplinary action, up to and including termination of employment. Should I use the Fuel Card or knowingly allow others to use the Fuel Card for fueling a non-County vehicle or for personal items, I authorize Socorro County to deduct from my pay or from other monies owed me, an amount equal to the total of the personal purchases. I also agree to allow Socorro County to collect any amounts owed by me even if the County no longer employs me. I agree that the County has the right to charge me for any legal fees or collections cost for any amounts that I owe.

I understand that the County may terminate my Fuel Card privileges at any time for any reason without giving me notice of such termination of privileges.

I agree to notify the Finance Director immediately of any problems with the fuel card, if it has been lost or stolen or if I am no longer in possession of the Fuel Card.

I agree to return the Fuel Card immediately upon request.

USER/RESPONSIBLE PARTY(PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Employee #: \_\_\_\_\_ Department: \_\_\_\_\_

Will this card be assigned to a  vehicle or  department?

Department Head/Elected Official: \_\_\_\_\_ Date: \_\_\_\_\_

## MANAGER'S OFFICE USE ONLY

Finance Director: \_\_\_\_\_  Approved  Denied Date: \_\_\_\_\_

Card Account: \_\_\_\_\_ Card Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Notes: \_\_\_\_\_