



## Fleet Management Services Application

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

Business Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ AP Email: \_\_\_\_\_

Would you like your monthly statement emailed or mailed? (Please circle one)

Fleet Contact: \_\_\_\_\_ Fleet Email: \_\_\_\_\_

Type of Business:    Corporation                  Partnership                  Proprietorship

Years in business: \_\_\_\_\_ Ownership (name/principal): \_\_\_\_\_

### References:

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

*I represent that the above information is true and is given to induce and extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above references and obtaining credit reports. My company and I authorize all trade references and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company. I have read the terms and conditions below and I agree to those conditions.*

*Initial order from new accounts will not be processed unless accompanied by the above requested information. Terms are Net 30 days from date of invoice unless otherwise stated.*

