



Vehicle Fleet Account Application

Business Name	
Owner Name	
Manager Name	
Business Address	
Phone	
E-mail	
FAX	

Please select how you would like your fleet account set up:

- Cash, Check or Charge Card to be paid at the time of service**
 - Credit information is not required if paying at the time of service
- net 30 day billing terms**
 - Please complete the following required credit information*
 - Please note any special invoicing requirements
 - Please provide approved fleet list

*** Credit Information (required for billed account)**

Have you or your company ever had a judgment against it:

If yes, please explain:

Please give us two credit references with contact information including phone/fax

Reference 1:

Reference 2:

AP Contact	
Billing Address	
Phone/fax/ email	

***Agreement:** I understand that all invoices are to be paid within thirty days. After that a finance charge will be applied to any unpaid balance (1.5% monthly or 18% per annum.) In the event my account becomes delinquent, I agree to pay all collections (cash, including attorney's fees of 33 1/3% of delinquent balance, which I agree is reasonable). The person signing this form shall be financially responsible for the payment.

*Signature	
Date	



<i>Office Use Only</i>	Account number _____
Agreed discount codes _____	
Special Instructions _____	
Vehicle Fleet list status, if applicable _____	
TLC contact made by _____	