

Fleet Service Application

Fleet Information

Company Name _____

Type of Business _____

Fleet Contact _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Number of Fleet Vehicles _____ Estimated Dollar Volume/Month \$ _____

Vehicle Make/Model:	Year:	ID Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach separate sheet, if necessary.)

Average miles traveled per week _____

Special service needs _____

Invoicing requirements _____

Billing Information

Company Name _____

Billing Contact, Title _____

Billing Address (if different than above) _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Bank Reference, Branch _____

City _____ State _____ ZIP _____

Account Number _____

Credit Reference

Company Name:	Contact:	Phone:
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1. _____

2. _____

3. _____

Authorized Signature _____

Name (Please Print) _____

Simply complete this application, and either mail or fax to the Grease Monkey Fleet Service Center listed below:

