

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Fleet Manager: \_\_\_\_\_

Fleet Manager Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Send online account access to:  Fleet Manager  Accounts Payable

Tax ID #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Tax Exempt #?  Yes\*  No

**\*If yes, we need to receive a COPY of your tax exemption certificate.**

**Send completed app to MyFleetCenter:**

**Mail:** PO Box 620130, Middleton WI 53562

**Fax:** 608-836-1739

**Email:** applications@myfleetcenter.com

**Phone:** 888-999-9497

**Website:** portal.myfleetcenter.com

**Service Area Coverage (Brand/Service Center Chain, Cities, States):**

\_\_\_\_\_  
\_\_\_\_\_

Number of vehicles: \_\_\_\_\_

Information required on invoices:

PO #  VIN #  License Plate

Unit #  Authorizer

Other (specify) \_\_\_\_\_

Account Restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TRADE REFERENCES (3 references required for billed accounts, n/a for cash accounts)**

Please list vendors who extend open credit to your company. Do not list financial institutions.

Company 1: \_\_\_\_\_

Company 2: \_\_\_\_\_

Company 3: \_\_\_\_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

**FLEET AGREEMENT**

This agreement does not require you to have your vehicles serviced at a \_\_\_\_\_ service center; however, it does authorize \_\_\_\_\_ to service your fleets in exchange for timely payments for services rendered. A statement is delivered the first week of every month, and will include all services rendered, including services still outstanding from previous months. Statements will be delivered via e-mail or fax unless otherwise requested. Payment is expected within thirty (30) days from the statement date and a late charge of five (5) percent or \$20, whichever is higher, can be assessed against any past due amounts shown on the statement. Written notice to **MyFleetCenter** is required upon sale or transfer of any fleet vehicle. Failure to do so will obligate you for any charges after the transaction date. YOU HAVE THIRTY (30) DAYS FROM THE STATEMENT DATE TO NOTIFY MYFLEETCENTER OF ANY DISPUTED SERVICES. The customer agrees to pay any and all collection and legal fees incurred by MyFleetCenter, regardless of whether legal action is taken.

It is agreed and understood that payments shall be remitted to: **MyFleetCenter, PO Box 620130, Middleton, WI 53562**. The information provided in this application and any other information provided to MyFleetCenter by the applicant is assumed to be accurate and complete and shall remain the property of MyFleetCenter. You hereby authorize MyFleetCenter to investigate and confirm your credit experience and send marketing messages via email. Use of your account indicates acceptance of the terms of this agreement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date