

Fleet Account Application



ADMINISTRATION OFFICE
 P.O. Box 3023
 Coeur d'Alene, ID 83816
 Office: [208] 676-8455
 Fax: [208] 765-1898

For Office Use Only	
Date	
Account Type	
Account Number	

Thank you for your interest in securing a Fleet Services Credit Account. Please fill out this form completely and accurately so that we can efficiently process your application. For a faster turnaround, please fax this to [208] 765-1898.

Contact Information

Full Legal Name		Telephone Number ()	
Street Address		Fax Number ()	
Mailing Address (If Different)	City	State	Zip
Contact Name and Title		Federal ID or U.B.I. #	
Does your company have special billing requirements?		# Vehicles	
<input type="checkbox"/> Yes *If yes, please attach. <input type="checkbox"/> No			

Company Structure

Type of Business <input type="checkbox"/>	Subsidiary or Division of:	Years in Business	
Corporation <input type="checkbox"/>	Mailing Address of Parent Company	City	State Zip
Partnership <input type="checkbox"/>	Names of All Partners, Directors, Officers, Etc.		
Sole Proprietorship <input type="checkbox"/>			
Other (Describe) <input type="checkbox"/>	Tax Exempt ? Yes / No	Tax Exemption #	

Banking Information

Name of Bank	Telephone Number ()		
Address	City	State	Zip

Trade References

Name/ Address	Telephone Number ()
Name/ Address	Telephone Number ()
Name/ Address	Telephone Number ()
Name/ Address	Telephone Number ()

Agreement

The information provided to Pro-Formance Lube Centers, Inc. (Pro-Formance Lube) on this application(s) and any other information provided to Pro-Formance Lube, including any financial statements is warranted to be accurate and true and shall be property of Pro-Formance Lube. Pro-Formance Lube is authorized to investigate the applicant(s) credit and employment history and to answer questions about its experience with the applicant(s) credit and employment history and to answer questions about its experience with the applicant(s).

The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family, or household purposes.

1. Payment is due on each account on-or-before the 10th day of the month billed ("Payment Due Date").
2. A FINANCE CHARGE of 1.5% per month will be charged on your account balance if it remains unpaid 30 days after the date of the monthly billing statement.
3. Collection charges and returned check charges, if necessary, will be added to your account balance.
4. Service fees may be charged pursuant to the terms of the disclosure statement.
5. No annual fee will be charged to your account.

By the use of the credit privileges, the applicant(s) agrees to pay, in full upon receipt of the statement, all amounts charged on the credit account. If payment is not made as stated herein, the applicant(s) agrees to pay all finance charges and collection fees, including attorney fees. The use of the credit account will demonstrate the applicant(s) willingness to be bound to the terms of the credit agreement.

Authorized Signature		Authorized Signature	
Print Name	Title	Print Name	Title