



Fleet Application

Company name*: _____ Telephone*: _____
 Billing Address*: _____ City*: _____ State*: _____ Zip*: _____
 Fax*: _____ E-mail: _____
 Fleet Manager: _____ Accounts Payable Contact*: _____
 Business Type: _____ Years in Business: _____
 Tax ID #: _____ Tax Exempt # (send copy of exempt certificate*): _____

Number of vehicles*: _____ # Fleet ID Cards Needed: _____
 Service Areas Coverage (i.e., City, State)*: _____ Referred by Store #: _____ Store Manager: _____

Check preferred form of payment (check one)

- _____ CASH Account (paid with cash, check, or credit card at time of service)
- _____ BILLED Account (billed monthly, trade references may be necessary. Paid with check, EFT, or credit card after receiving a monthly statement)

Please fill out only if BILLED Account is selected.

Invoicing Requirements: (check all that apply)

PO #

VIN #

Authorizer

Unit #

Other: _____

Account Restrictions: _____

FLEET AGREEMENT

This agreement does not require you to have your vehicles serviced at a Jiffy Lube Center; however, it does authorize Jiffy Lube 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 a previous month. 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 can be assessed according to our current terms against any past due amounts shown on the statement. Written notice to MyFleetCenter.com 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.COM OF ANY DISPUTED SERVICES. The customer agrees to pay any and all collection and legal fees incurred by Jiffy Lube, regardless of whether legal action is taken.

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

 Authorized signature Printed Name Date

A MINIMUM OF FIVE (5) FLEET VEHICLES ARE REQUIRED TO APPLY AND A MINIMUM OF TEN (10) SERVICES PER YEAR IS REQUIRED TO KEEP THE FLEET ACCOUNT OPEN.

INTERNAL USE ONLY:

Referred by: _____ Source: _____
 (Sales Person) (Store Number)

Fleet Client Relations:
 Freddie Torres
 freddie@purplegrp.com
 (773) 394-8252

www.myfleetcenter.com

CODE: INT

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