

Fleet Service Application

Simply complete this application, and either email or fax to the Grease Monkey Fleet Service Center listed at bottom of page.

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 \$ _____ Average Miles Traveled Per Week _____

EIN/Tax ID: _____ State: _____

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach separate sheet, if necessary.)

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

1. Company Name _____ Contact _____

Phone _____ Fax _____ Email _____

2. Company Name _____ Contact _____

Phone _____ Fax _____ Email _____

3. Company Name _____ Contact _____

Phone _____ Fax _____ Email _____

Authorized Signature _____ Name (Please Print) _____

Please complete and return this application to:
LeeAnn Sunberg | leeanns@greasemonkeyintl.com (email) | 303-684-0941 (fax)

