



## *Fleet Customer Application*

Name of applicant \_\_\_\_\_ (exact business name)

\_\_\_\_\_ (doing business as)

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Year established \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_ State Resale or Exemption No. \_\_\_\_\_

Ownership type (check one)  Sole Proprietor  S Corporation  C Corporation  
 Partnership  Other \_\_\_\_\_

Public Corporation  Private Corporation

If Corporation, state of incorporation \_\_\_\_\_ Registered to do business in MI  yes  no

Date of Incorporation \_\_\_\_\_ State \_\_\_\_\_

Are you a subsidiary  or division  (if yes, check which)

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

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

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

Will the Parent Company guarantee debts? Yes  No

Requested Terms (check one)

\_\_\_ Wire/Check Prepayment

\_\_\_ COD-company check / Maximum Amount \_\_\_\_\_

\_\_\_ Credit Card / Maximum Amount \_\_\_\_\_

\_\_\_ Net 30 days open account / Maximum Amount \_\_\_\_\_

**Contact / Authorization Information**

Accts Payable Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Controller \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of the CFO \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Registered Agent & address \_\_\_\_\_

Web Site URL: \_\_\_\_\_ Principal Contact's

E-Mail address: \_\_\_\_\_

Has this firm ever filed for bankruptcy? Yes \_\_\_ No \_\_\_

If Yes, please attach explanation. Please provide date, docket # and resolution, if any.

**Principal Owners, Stockholders, Partners, Directors &/ or Officers**

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Bank References**

Bank 1. \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Person to contact \_\_\_\_\_ Phone No. \_\_\_\_\_

***Credit References***

Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Year opened \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact person \_\_\_\_\_ Phone No. \_\_\_\_\_

Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Year opened \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact person \_\_\_\_\_ Phone No. \_\_\_\_\_

***Purchasing Information***

Does your company employ a purchase order number system? Yes \_\_\_ No \_\_\_

If Yes: .Verbal \_\_\_ Written \_\_\_

List all persons authorized to make purchases:

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

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

Shipping Address: \_\_\_\_\_

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

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

***Authorization***

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Customer Signature: \_\_\_\_\_ (Authorized Individual)

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*If applicable please attach a copy of current sales tax exemption certificate