



Dependable Tractor Trailer Maintenance & Collision Repair

550 Firehouse Road, PO Box 459 • Grantville, PA 17028 [Harrisburg]

1531 Old Route 22 • Lenhartsville, PA 19534 [Allentown]

660 University Avenue SW • Atlanta, GA 30310

10603 Allentown Boulevard • Ono, PA 17077 [Hershey]

107-111 E Malloy Bridge Road • Seagoville, TX 75159 [Dallas]

Phone: (833) Go-Fleet • Fax: (717) 469-4526

Service@FleetRep.net • www.FleetRep.net

CUSTOMER ACCOUNT AND CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please complete the following application. A letter of business credit references including business principles may be attached to this application, in lieu. Please attach a PA, TX, or GA Sales Tax Exemption form, if applicable. Please fax completed applications to 717-469-4526 or e-mail to Service@FleetRep.net.

BUSINESS CONTACT INFORMATION

Company name:

Primary Contact Name:

Phone:

Fax:

E-mail:

Registered Address Street, City, State & ZIP:

Year business commenced:

Nature of Business:

TAX EXEMPT STATUS (IF YES, PLEASE PROVIDE EXEMPTION NUMBERS(S) AND ENDORSED CERTIFICATE (S))

Pennsylvania: Yes / No _____

Georgia: Yes / No _____

Texas: Yes / No _____

Other: Yes / No _____

Other: Please attach separate page

BUSINESS AND CREDIT INFORMATION

Business mailing address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking	
CREDIT AMOUNT REQUESTED	\$
ACCOUNTING / BILLING INFORMATION	
Accounts Payable Name / Position:	
Email:	Phone Number:
Approval Manager if required:	
Email:	Phone Number:
Send Statements to:	
E-mail:	Phone Number:
Send Collections to:	
E-mail:	Phone Number:
Preferred payment method: ACH: _____ Check: _____ Credit Card: _____ T-Check: _____	
Savings	
Checking	
CREDIT AMOUNT REQUESTED	\$
Does you process invoices through a third-party processing company?	
Do you have special pricing requirements?	
Do you have set SRT's for approval?	
FRS OFFICE USE: CREDIT AMOUNT AUTHORIZED: \$ _____ (NET ___) MGR SIGNATURE _____	

BUSINESS / TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

CREDIT APPLICATION AGREEMENT

SIGNATURE LINE

1. All invoices are to be paid in full within 30 days from the date of the invoice (Net30).
2. I, the undersigned, guarantee payment of this account. I understand that a service fee no more than 18% APR will be charged on all past due invoices. I further understand that I am responsible for collection fees required to obtain payment, including but not limited to a third-party collections agency and attorney and other legal fees.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Fleet Repair Solutions, LLC to make inquiries into the banking and business/trade references that you have supplied.
5. If Sales Tax exempt, please attach a current and complete Sales Tax Exemption Form for the State of purchase.
6. By signing, I confirm I am a legal representative of the company for whom I sign.

SIGNATURES (ONE COMPANY OFFICIAL REQUIRED)

COMPANY OFFICIAL:

NAME:

TITLE: _____ DATE: _____

SIGNATURE:

COMPANY OFFICIAL:

NAME: _____

TITLE: _____ DATE: _____

SIGNATURE: _____

