



Fleet Service Application

Fleet Information

Company Name _____

Type of Business _____

Fleet Contact _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Alt Phone _____ Email _____

Number of Fleet Vehicles _____ Frequency of Service _____ Estimated Volume/Month _____

Vehicle Make/Model: Year: ID Number:

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

(Attach separate sheet, if necessary.)

Average miles traveled per week _____

Special service needs _____

Invoicing requirements _____ (We offer monthly invoicing, unless otherwise specified)

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(s) _____

Credit Reference	Company Name:	Contact:	Phone:
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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Authorized Signature _____

Name (Please Print) _____

Once completed, return it to provisionoil.ms@gmail.com or 272 Calhoun Station Pkwy, Ste C #81, Gluckstadt, MS 39110