



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 ND ☐ 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