



# Fleet Service Application

Date \_\_\_\_\_

**Company Information**

Company \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

Company Phone \_\_\_\_\_

Company Fax \_\_\_\_\_

Primary Contact \_\_\_\_\_

Contact Email \_\_\_\_\_

**Fleet Information**

# of Vehicles \_\_\_\_\_

Type of Vehicles \_\_\_\_\_

National Fleet Provider \_\_\_\_\_

Tax ID \_\_\_\_\_

Tax Exempt: (Please Circle) Y or N

Tax Exempt ID: \_\_\_\_\_

**Current Fleet Service Provider (If applicable)**

\_\_\_\_\_

Pricing \_\_\_\_\_

*(Please attach previous service invoice if available)*

**Unauthorized Services (optional):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Instructions or Requirements**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Trade References**

Reference 1: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Identify Preferred Victory Lane Fleet Service Locations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax completed application to (734) 667-4401 for review or email to [fleet@victorylane.net](mailto:fleet@victorylane.net)