



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