



5674-75 Street, Edmonton, AB T6E 5X6 Phone: (780) 461-7575 Fax: (780) 462-4450
Tol Free: 1-877-600-5823 E-Mail: info@lubecity.com Website: www.lubecity.com

Fleet Service Application

PRICES MAY VARY DUE TO MARKET CONDITIONS IN CERTAIN GEOGRAPHICAL AREAS OF ALBERTA

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Associated Industry: _____ Fleet Manager: _____

Accounts Payable Contact:: _____ A/P e-mail for Billing: _____

Years in Business: _____

Monthly Credit Applied For: \$ _____ Number of Vehicles in Fleet: _____

Preferred Payment Method: Automatically Billed Credit Card (kept on file)
 30-Day billing Account (EFT, Credit Card, CHQ)
(For EFT contact us upon receiving first statement)

REFERENCE: Bank Name: _____ Location : _____

Bank Contact Name: _____ Phone: _____

How Long Dealing With This Bank: _____ Type of Account: _____

TRADE REFERENCES:

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ Prov: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ Prov: _____

With approval of this application, I understand and agree to accept the following conditions:

If my credit is approved, I agree to pay all invoices within the terms (Net 30 days). In the event payment is not made and my account is referred to a collection agency, I will pay all costs of collection. If legal action is required, I will pay the the costs incurred from non payment. I, the undersigned, authorize Lube City to verify the information contained in this request. I also authorize the persons named as references, as well as my bank to give additional information, which is considered necessary in obtaining my margin of credit. I agree to comply with the sales terms mentioned.

I am making this request (as proprietor) named in this application and or authorized officer of this company on whose behalf this request is being made.

Print Name: _____ Signature: _____

Title: _____ Date: _____



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Please check the following products and services you would like to approve
(All services follow manufactures recommendations)

- | | |
|--|--|
| <input type="checkbox"/> Air Filter | <input type="checkbox"/> Synthetic Oil Filter |
| <input type="checkbox"/> Wiper Blades | <input type="checkbox"/> Cabin Filter |
| <input type="checkbox"/> Transmission Fluid Change | <input type="checkbox"/> PCV Valves |
| <input type="checkbox"/> Fuel System Service | <input type="checkbox"/> Bulbs |
| <input type="checkbox"/> Cooling System Service | <input type="checkbox"/> Engine Flush |
| <input type="checkbox"/> Differential Service & Fluid Change | <input type="checkbox"/> Power Steering Service |
| <input type="checkbox"/> Fuel Filter Replacement | <input type="checkbox"/> Tires / Rotations / Repairs (available at select locations) |

Invoice Requirements: PO# VIN# Unit# Other: _____

Please list the vehicle plate # that would be approved for service

1 _____	11 _____	21 _____
2 _____	12 _____	22 _____
3 _____	13 _____	23 _____
4 _____	14 _____	24 _____
5 _____	15 _____	25 _____
6 _____	16 _____	26 _____
7 _____	17 _____	27 _____
8 _____	18 _____	28 _____
9 _____	19 _____	29 _____
10 _____	20 _____	30 _____