

POWERED BY



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: \_\_\_\_\_

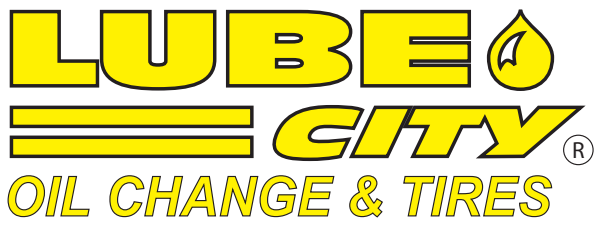
With approval of this application, I understand and agree to accept the following conditions:

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)

- Air Filter
- Wiper Blades
- Transmission Fluid Change
- Fuel System Service
- Cooling System Service
- Differential Service & Fluid Change
- Fuel Filter Replacement
- Tires / Rotations / Repairs (available at select locations)
- Synthetic Oil Filter
- Cabin Filter
- PCV Valves
- Bulbs
- Engine Flush
- Power Steering Service
- Detailing & Car wash (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 _____

All Lube City services and products are recognized by vehicle manufactures and are 100% warranty-approved