



# JIFFY LUBE FLEET SERVICE APPLICATION

FAX OR MAIL COMPLETED APP TO:  
SOUND BILLING  
PO BOX 62013  
MIDDLETON WI 53562  
  
PHONE 888-999-9497  
FAX 608-836-1739

Company name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

Fleet Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(If Different) \_\_\_\_\_

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

Billing Contact: \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Type: \_\_\_\_\_ Years in Business \_\_\_\_\_

Tax ID or SSN: \_\_\_\_\_

Are you sales tax exempt? Yes ( \* ) No ( ) \*Tax Exempt Number: \_\_\_\_\_

**\*Please note, if you checked yes we need to receive a COPY of a tax exemption certificate.**

Number of vehicles: \_\_\_\_\_ If you would like complementary vehicle ID cards, how many do you need? \_\_\_\_\_

Please let us know any information that you require on your invoices (i.e. PO#, Unit #, VIN etc.) \_\_\_\_\_

State(s) or areas where service is desired \_\_\_\_\_

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### TRADE REFERENCES (list 3)

(Vendors who extend open credit to your company. Do not list financial institutions.)

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_

Tel: \_\_\_\_\_ Tel: \_\_\_\_\_ Tel: \_\_\_\_\_

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

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### FLEET AGREEMENT

This agreement does not require you to have your vehicles serviced at a Jiffy Lube Center; however, it does authorize Jiffy Lube to service your fleets in exchange for timely payments for services rendered. A statement is delivered the first week of every month, and will include all services rendered, including services still outstanding from a previous month. Payment is expected within thirty (30) days from the statement date and a late charge of two (2) percent can be assessed against any past due amounts shown on the statement. Written notice to **Sound Billing** is required upon sale or transfer of any fleet vehicle. Failure to do so will obligate you for any charges after the transaction date. **YOU HAVE THIRTY (30) DAYS FROM THE STATEMENT DATE TO NOTIFY SOUND BILLING OF ANY DISPUTED SERVICES.**

It is agreed and understood that payments shall be remitted to: **Jiffy Lube/Sound Billing, PO Box 620130, Middleton, WI 53562.** The information provided in this application and any other information provided to Jiffy Lube/Sound Billing by the applicant is assumed to be accurate and complete and shall remain the property of Jiffy Lube/Sound Billing. You hereby authorize Jiffy Lube/Sound Billing to investigate and confirm your credit experience. Use of your account indicates acceptance of the terms of this agreement.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

A MINIMUM OF FIVE (5) FLEET VEHICLES IS REQUIRED TO APPLY; AND A MINIMUM OF TEN (10) SERVICES PER YEAR IS REQUIRED TO KEEP THE FLEET ACCOUNT OPEN.