



The Oil Change Experts

Lube Stop Fleet Account Application

201 Front St Suite 200

Berea, OH 44017

(888) 567-1787

Please fax the completed application to (440) 891-4257

APPLICANT INFORMATION

Company Name _____

Address _____ City _____ State ____ Zip _____

Contact _____ Phone # _____ Fax # _____

Type of Business _____ Number of Employees _____

Corporation Individual Partnership Federal ID # _____ email : _____

Number of years in business _____ Tax Exempt: Yes No (If yes, a tax exempt certificate is required.)

BANK INFORMATION

Bank Name _____ Account # _____

Address _____ City _____ State ____ Zip _____

Contact _____ Phone # _____

BUSINESS CREDIT REFERENCES

1. Company Name _____ Contact _____

Address _____ City _____ State ____ Zip _____

Fax # _____ Phone # _____

2. Company Name _____ Contact _____

Address _____ City _____ State ____ Zip _____

Fax # _____ Phone # _____

3. Company Name Company Name _____ Contact _____

Address _____ City _____ State ____ Zip _____

Fax # _____ Phone # _____

Have you had an account with us in the past? Yes No

CARD INFORMATION

Number of vehicles in fleet (minimum 10) _____ Number of cards required _____

PAYMENT INFORMATION

Please list the company name that will appear on payment checks _____

We certify that all the information is correct. We agree with credit terms of net 15 days. We also agree to retain copies of invoices issued at the time of service and understand that no other copies will be provided with the monthly statement. No discount coupons can be applied to fleet accounts. We jointly promise to pay all amounts owed under this agreement for all purchases charged to our account.

Signed _____ Date _____

FOR OFFICE USE

Application Accepted Application Rejected Account Code _____

Authorized by _____ Date _____ Account Name _____

References checked _____ Date Entered _____ Initials _____

Card Numbers Issued _____