

UPTIME FLEET SERVICES



A Division of UpTime Fleet Management Inc.
On-Site Commercial Vehicle Diagnostics, Service and Repair

New Account Information Form

Company Name: _____ Phone: _____ Fax: _____

Physical Address

Billing Address

Contact person for vehicle service: _____ Phone: _____ Cell: _____

Preferred Payment/Preferred Method:

☐ Cash ☐ Check ☐ Amex ☐ Discover ☐ Master Card ☐ Visa ☐ Paypal ☐ Fleet Card _____

Card Number: _____ Exp.: _____ 3 digits on back: _____

To receive invoices (select preferred option):

Fax Invoices #: _____ ☐ Email: _____ ☐ Mail Invoices

For open accounts complete the bottom portion – for others, payment is required at time of service.

_____ C-Corporation _____ S-Corporation _____ LLC _____ Individual _____ Partnership

Name of Officers/Owners:

_____ Title: _____
_____ Title: _____
_____ Title: _____

Contact for Billing/Accounts Payable:

Name: _____ Phone: _____ Email: _____

Bank: _____ Address: _____

Account Number: _____ Bank Contact: _____ Phone: _____

Credit References (Company Name and Contact Person):

_____ Phone: _____ Fax: _____
_____ Phone: _____ Fax: _____
_____ Phone: _____ Fax: _____

Terms: Invoices are due by the 10th of each month. All past due invoices are subject to a 2% finance charge (minimum \$1.00) and a \$10.00 late charge. Accounts with invoices over 45 days outstanding will be put on credit hold and will have to pay for service when rendered.

Signing below authorizes us to proceed with our normal credit investigation and confirms your agreement to be bound by this agreement. The signature also is a personal guarantee that any debt incurred will be paid. In the event it is necessary to institute legal proceedings for the collection of past due amounts then the signatory below and/or company name associated will be responsible for all costs of collection including reasonable attorney fees.

Applicant Signature: _____ Date: _____