

# Trusty

## Auto Repair

2335 SW 3<sup>rd</sup> St.  
 Corvallis, OR 97333  
 Phone: 541-754-1376

## Commercial Fleet Application

Company Name / Address			
Full Company Name:			# Of Vehicles:
Billing Address:	City:	State:	Zip:
Billing Contact:	Name And Title	Phone: ( )	Fax: ( )
Fleet Contact:	Name And Title	Phone: ( )	Fax: ( )

Legal Structure			
<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> Division <input type="checkbox"/> Subsidiary		
	Name Of Parent Company		
	Mailing Address Of Parent Company:	City:	State: Zip:
<input type="checkbox"/> <b>Partnership</b>	Names Of All Partners:		
<input type="checkbox"/> <b>Proprietorship</b>	Name Of Proprietor:		
Type Of Business:			

Requested Method Of Payment	
<input type="checkbox"/> <b>Cash Account</b>	Invoice to be paid at time of service.
<input type="checkbox"/> <b>Charge Account</b>	Trusty Auto Repair shall consolidate all services for the month and send a statement with a fleet activity report to the account for a more convenient way of making payments.

Bank		
Name Of Bank:	Name of Officer To Contact	Account Number:

Credit References (If Charge Account Is Requested)	
Company Contact / Name:	Fax Number:
	( )
	( )
	( )

**Required Information When Servicing**

VIN #       PO #       Vehicle/Unit #       Other \_\_\_\_\_

**Approved Services** *(services selected below will be performed per the manufacturer's recommended interval or as necessary by default)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Factory-Scheduled Maintenance<br><input type="checkbox"/> Oil Changes<br><input type="checkbox"/> Tune-Ups<br><input type="checkbox"/> Check Engine Light<br>Diagnosis/Repair<br><input type="checkbox"/> Exterior/Interior Light Bulbs<br><input type="checkbox"/> Belts/Hoses<br><input type="checkbox"/> Wipers<br><input type="checkbox"/> Tire Rotation<br><input type="checkbox"/> Brake Inspection/Replacement | <input type="checkbox"/> Brake Fluid Exchange<br><input type="checkbox"/> Power Steering Fluid Exchange<br><input type="checkbox"/> Cooling System Service<br><input type="checkbox"/> Transmission Fluid & Filter Service<br><input type="checkbox"/> Differential(s) Service<br><input type="checkbox"/> Transfer Case Service<br><input type="checkbox"/> Manual Transmission Service<br><input type="checkbox"/> Replace Fuel Filter<br><input type="checkbox"/> Replace Air Filter<br><input type="checkbox"/> Replace Cabin Air Filter | <input type="checkbox"/> Drivers <b>can</b> authorize all services.<br><input type="checkbox"/> Call for approval on all services.<br><input type="checkbox"/> Spending limit for services: _____<br><input type="checkbox"/> Other (specify): _____ |
|--|--|--|

**Special Requests**


**Please Ensure This Application Has Been Filled Out Entirely Before Signing.**

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_