



COMMERCIAL FLEET APPLICATION

Please remit to Jiffy Lube Fleet Dept by one of the following options:

Mail: Jiffy Lube Fleet Dept
790 Pershing Rd.
Raleigh, NC 27608
Fax: 877-523-9275 or **Email:** fleets@teamlucor.com

Company Name	# Vehicles	(Circle one)	Fed. ID, Soc. Sec, or Tax Exempt #	
Billing Address	City	State	Zip Code	
Billing Contact Name / Email Address	Phone no. ()	Fax no. ()		
Operational Address (If Different)	City	State	Zip Code	
Operational Contact Or Fleet Manager Name / Email Address	Phone no. ()	Fax no. ()		

CASH Account Invoice to be paid at time of service.

CHARGE Account Jiffy Lube shall consolidate all services for the month and send a statement with a fleet activity report for a more convenient payment.

Please complete this section only if requesting a charge account	Name of Bank		Name of Officer to Contact		Account Number
	Address	City	State	Zip Code	Phone No.
	Credit References				PHONE NO.
	1)				()
	2)				()
3)				()	

Drivers **can** authorize all services.*

Drivers **cannot** authorize additional services. * Call for Approval Dollar Limit of \$ _____
* There will be extra charges if a vehicle requires over 5 qts of oil, special oil filters, or if bottled oil is required.

Mark box if you need these on your invoice

VIN # P.O. # Vehicle/Unit #

Special Requests _____

Request for complimentary Fleet ID Cards

This agreement does not obligate you to have your vehicles serviced at a Jiffy Lube Center, rather, it authorizes Jiffy Lube to service your fleets in exchange for timely payments for the services rendered. It is important that each account be paid monthly. The information provided in this application and any other information provided to Jiffy Lube by the applicant is warranted to be accurate and complete and shall remain the property of Jiffy Lube. You authorize Jiffy Lube to investigate your credit to confirm your credit experience. Use of your account indicates acceptance of the terms provided herein, provided however, both parties reserve the right to cancel this agreement upon 30 days written notice to the other party. If a dispute arises relating to this agreement that results in litigation, the prevailing party should be entitled to reasonable attorney's fees and court costs.

NOTICE TO BUYER: Please read this application before signing it. You are entitled to a completely filled in copy of this application at the time you sign, so keep it to protect your rights.

Authorized Signature Date

Printed Name

After you have completed all the necessary sections please fold, tape, and mail.

OFFICE USE ONLY			
Approval	Date	Subsidiary	Acct. No.

Lucor
Sept 2008