

Fleet Service Application

Phone - 888-999-9497 Fax - 608-836-1739 admin@soundbilling.com

Company name: _____ Telephone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ E-mail: _____

Fleet Manager: _____ Accounts Payable Contact: _____

Business Type: _____ Years in Business: _____

Tax ID #: _____ Tax Exempt # (send copy of exempt certificate): _____

Number of vehicles: _____ # Fleet ID Cards Desired: _____

Invoicing Requirements:

PO # VIN # Authorizer Unit # Other: _____

Account Restrictions: _____

Service Areas Coverage (i.e., City, State): _____ Referred by Store #: _____

Billed monthly, must fill out trade references

TRADE REFERENCES* (list 3; not applicable for cash accounts) (Vendors who extend open credit to your company. Do not list financial institutions.)

Company #1*: _____ Company #2*: _____ Company #3*: _____

Account #: _____ Account #: _____ Account #: _____

Tel*: _____ Tel*: _____ Tel*: _____

Fax*: _____ Fax*: _____ Fax*: _____

FLEET AGREEMENT

This agreement does not require you to have your vehicles serviced with us; however, it does authorize the service center 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. Statements will be delivered via e-mail or fax unless otherwise requested. 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, LLC** 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, LLC OF ANY DISPUTED SERVICES.** The customer agrees to pay any and all collection and legal fees incurred, regardless of whether legal action is taken.

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

Authorized signature

Printed Name

Date