

All-Pro Fleet Service

4848 Airway Drive Ste 300
Central Point, OR 97502
Phn: 541-772-7772
Fax: 541-734-5537

Account Set-up Sheet

Company Name: _____ Phone _____ Fax _____

Physical Address

Billing Address

Contact person for vehicle service: _____ Phone _____ Cell _____

Preferred Payment Method:

Cash Check American Express Discover Master Card Visa Fleet Card _____

Card Number _____ Exp. _____ 3 numbers on back of card _____

Fax Invoices # _____ Email _____ Mail Invoices

For Open accounts complete the bottom portion – All 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:

_____ Phone _____ Ext. _____

Bank _____ Address _____

Account Number _____ Contact Person _____ Phone _____

Credit References:

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

Terms: Invoices payments are due 25 days from the date of the invoice. All past due invoices are subject to a 1.5% finance charge (18% per annum) on the 30th day of the month. Accounts with invoices over 45 days outstanding will be put on a credit hold. Accounts on credit hold 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. All invoices are due upon receipt any overdue invoices will incur finance charges and may incur late charges. In the event it is necessary to institute legal proceedings for the collection of this account, then in such event, applicant and/or party or business in whose name this is designated will pay all costs of collection including reasonable attorney fees.

Applicant Signature _____ Date _____