

GTS EXPRESS LUBE

Company Firm

Name: _____

Phone: _____ Fax: _____

Street Address: _____

City _____ State _____ ZIP _____

Billing Address: (if different than above)

Company was established (date): _____

Name(s) of Officers or Owners:

Main Contact:

Accounts Payable Contact:

of Vehicles: _____

Anticipated Annual Volume: \$ _____

Which location would your Company use most?

Who you Bank with:

Name _____

Address _____

Phone: _____

List 3 Credit References with Phone Numbers

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Comments/Requests: _____

ALL STATEMENTS ARE NET 30 DAYS

SIGNATURE: _____

TITLE: _____ DATE: _____

Please Mail or fax to: GTS Express Lube