

Credit Application for Ford Fleet Care Programs

PAVE 10

Program Selection	
<input type="checkbox"/> Ford Fleet Care Consolidated Billing Program <input type="checkbox"/> Ford Fleet Care Parts Purchase Program	
Fleet Company Information	
Company Name _____	Type of Business _____
Fleet Administrator Name _____	Street Address (No P.O. Box Addresses) _____
(_____) Telephone Number _____	City, Province, Postal Code _____
(_____) Fax Number _____	E-Mail Address _____
Billing Information Accounts Payable Contact _____ Billing Street Address/P.O. Box _____ City, Province, Postal Code _____ (_____) Telephone Number _____	Repair Service & Parts Purchase Authorization Please specify dollar value of repairs that require approval before service \$ _____ Current Monthly Average Repair / Parts Charges \$ _____ Estimated Monthly Average Ford Fleet Care Repair / Parts Charges Authorization Contact Name (if different from fleet administrator) _____ (_____) Telephone Number _____ \$ _____ Repair Prior Approval (Max. \$500.00) All Part Purchases require fleet company approval prior to purchase.
Vehicle Information Ford Vehicles _____ Non-Ford Vehicles _____ <input type="checkbox"/> Enable Non-Ford Billing	Tax Exemption Information <input type="checkbox"/> Fully Exempt <input type="checkbox"/> Partial Exemption <input type="checkbox"/> Not Tax Exempt (Indicate below) <input type="checkbox"/> GST/HST <input type="checkbox"/> PST <input type="checkbox"/> QST Tax ID#: _____
Online Billing <input type="checkbox"/> Enable Online Billing Ford FIN Code: _____ A Ford FIN Code and Web ID are required to activate online billing and My Fleet Care web site features. Ford Fleet Care Headquarters will contact the Fleet Administrator to obtain the necessary information.	
Enrollment Referral Information	
Dealer Representative <u>WEBB FORD INC</u> <u>01892</u> Dealership Name PA Code <u>KEVIN HASSELLOF</u> <u>COMM. FLT SLS</u> Print Name and Title <u>Kevin Hasseloff</u> Dealer Signature <u>(219) 924-3400</u>	Ford Representative <u>CARLOS FERNANDEZ FPS</u> Ford Representative Name and Title <u>Carlos G. Fernandez</u> Signature <u>CFERN111@FORD.COM</u> E-Mail Address <u>CHICAGO</u> <u>GREAT LAKES</u>
Completing the Enrollment Process	
Send Completed Applications to: Mail: Ford Fleet Care Headquarters, 19855 W. Outer Drive, Suite 500, Dearborn, MI 48121 Fax: (313) 390-3555 (VIN listing may also be included) To Enroll Vehicles (upon approval): Email: Send VIN listing (preferably Excel spreadsheet) to	

THIS APPLICATION IS SUBMITTED TO PROVIDE INFORMATION IN CONNECTION WITH ESTABLISHING OR MAINTAINING CREDIT WITH FORD MOTOR COMPANY OF CANADA, LIMITED ("FORD"). INFORMATION OBTAINED IN THIS APPLICATION IS FOR THE EXCLUSIVE USE OF FORD AND FORD MOTOR COMPANY. ALL PORTIONS OF THIS FORM MUST BE COMPLETED FOR APPLICATION REVIEW. FORD RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION.

Authorized Representative Name*: _____ (Please Print) Date*: _____
 Title/Position*: _____
 Signature*: _____

THE LISTED INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE FLEET COMPANY LISTED ABOVE UNDERSTANDS AND AGREES TO THE FORD FLEET CARE PROGRAM AGREEMENT PROVISIONS PRINTED ON THE REVERSE SIDE OF THIS APPLICATION.