

# Mobil 1 Lube Express

## FLEET CREDIT APPLICATION AND CREDIT AGREEMENT

### General Information (must fill out completely to obtain credit)

Full legal company name of applicant		
DBA	Subsidiary of	
Headquarters Name and Physical Address (Do not include P.O. Box number)		
Billing Address (if different from above)		
Billing Contact	Applicant's Phone Number	Applicant's Fax Number
Principal(s)/Authorized Officer(s)	Title(s)	
Applicant's Taxpayer ID Number (TIN, FEIN, or SSN)	Type of Business	
In Business Since (mm/dd/yyyy)	Year of Incorporation (yyyy)	Fiscal Year Start (mm)
Type of Entity: ___ Corporation ___ Partnership ___ Sole Proprietorship ___ LLC ___ PC ___ Other		
Is this business tax exempt? ___ NO ___ YES (if yes, attach form)		

### Bank Information (must fill out completely to obtain credit)

Primary Business Bank	Address	City	State	Zip + 4
Bank Contact Person	Phone Number	Commercial Account Number		

### Vendor Reference Information (Other Vendor's from whom you receive credit) (must fill out completely to obtain credit)

Vendor Name	Contact and Phone Number	Fax Number	City/State
Vendor Name	Contact and Phone Number	Fax Number	City/State

### Services Requested (must be filled out completely to obtain credit)

Type of account requested: ___ Credit Card ___ Net 30 (Credit Requested: _____)
Number of Vehicles to be serviced on this account: _____
Maximum dollar amount to be approved by driver: _____

**Authorized Party Information (must be filled out completely to obtain credit)** Designate the person(s) authorized to receive all reports and other information we provide from time to time and to take action with respect to your account and account access. This is also the party designated by your company to provide all fleet vehicles, driver, and other information we may request.

Contact Name and Title	Address	
Phone Number	Fax Number	email address

**Please complete the information below:**

I \_\_\_\_\_ authorize Mobil 1 Lube Express to charge my credit card indicated below for any outstanding balance over 60 days old on my account.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	Account Number: _____		
Exp. Date _____	CVV (3 digit number on back of card) _____		

**Agreement**

I hereby certify that the information provided herein is complete and accurate, and that I am authorized to act on behalf of the company listed herein (the "Company"). I further acknowledge and understand that any false or misleading information may constitute fraud under applicable law. I hereby authorize the financial institution and Vendors references listed in this credit application to release any and all information to Mobil 1 Lube Express needed to verify the information contained herein. I also fully understand and agree that by executing this Agreement, I am specifically requesting Mobil 1 Lube Express to provide services to the Company on an open account basis. However, Mobil 1 Lube Express reserve the right to set a specific credit limit for the account, to place a hold on the account when it deems necessary and to charge the credit card on the account for any invoices over 60 days old. I further agree that all invoices of Mobil 1 Lube Express shall be due and payable within thirty (30) days of mailing. Any balance remaining unpaid after its due date shall incur interest in the amount of one and one-half (1 ½%) per month [eighteen percent (18.0 %) per annum] until paid in full. Further, Mobil 1 Lube Express shall be entitled to recover all incurred costs if payment in full is not timely made, including, but not limited to, court costs, attorneys fees, employee time, and all other costs or expenses relating to legal action. This Agreement shall be controlled by the laws of the State of Florida and the Parties hereby agree any legal action relating to this agreement shall be brought in the Superior Court of Palm Beach County, Florida, and that the Court therein shall have jurisdiction over any such matter.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Person's Signature

\_\_\_\_\_  
Authorized Person's Printed Name

\_\_\_\_\_  
Company Name/Title of Authorized Person