

Fax completed form to TSN 519-424-2338

FLEET NAME _____

ADDRESS _____

CONTACT _____

TELEPHONE _____

FAX NUMBER _____

SPONSORING DEALER _____

ADDRESS _____

CONTACT _____

TELEPHONE _____

FAX NUMBER _____

INVOICE REQUIREMENTS

	YES	NO
DRIVER NAME		
DRIVER SIGNATURE		
UNIT NUMBER		
UNIT LICENSE NUMBER		
VEHICLE VIN. NUMBER		
UNIT MILEAGE		
PURCHASE ORDER NUMBER		
CONTRACT NUMBER		
PER CALL CREDIT LIMIT		

SPECIAL REQUIREMENTS _____

**SPONSORING DEALER
SIGNATURE** _____

DATE _____