



FLEET REGISTRATION FORM

Fax form to 919-629-6315

Attn: Tom Benza

COMPANY NAME _____

COMPANY ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

CONTACT PERSON _____

EMAIL ADDRESS _____

FEDERAL TAX ID # _____

- DRIVERS **CAN** AUTHORIZE ALL SERVICES*
- DRIVERS **CANNOT** AUTHORIZE ADDITIONAL SERVICES*
- CALL FOR APPROVAL
- DOLLAR LIMIT OF \$ _____

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME _____