



NEW CUSTOMER INTAKE FORM

BUSINESS NAME: _____

BUSINESS BILLING ADDRESS: _____

BUSINESS SHIPPING ADDRESS (IF DIFFERENT THAN ABOVE): _____

CONTACT NAME: _____

BUSINESS PHONE NUMBER: _____

BUSINESS EMAIL ADDRESS: _____

ACCOUNTING EMAIL: _____

IS CUSTOMER TAX EXEMPT? _____ YES _____ NO

PLEASE EMAIL YOUR TAX-EXEMPT DOCUMENT TO: BILLING@QUALITYFLEETSERVICE.COM

YOU WILL BE CHARGED SALES TAX ON ALL INVOICES UNTIL YOUR TAX DOCUMENT IS RECEIVED. NO CREDIT OR REFUNDS WILL BE GIVEN

CREDIT CARD NUMBER: _____

CREDIT CARD EXPIRATION DATE: _____

CREDIT CARD SECURITY CODE: _____

CREDIT CARD ZIP CODE: _____

I, _____, authorize Quality Fleet Service, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account and charged for all services rendered upon completion of services and/or parts shipped.

Signature: _____ Date: _____

PLEASE TELL US HOW YOU HEARD ABOUT QFS

CIRCLE ONE: GOOGLE FACEBOOK INSTAGRAM FRIEND OTHER _____