COMPANY

LEGAL BUSINESS NAME		DOING BUSINESS AS (IF DIFFERENT)	
STREET ADDRESS	CITY	STATE	ZIP
MAIN PHONE	WEBSITE	YEARS IN BUSINESS	
USDOT NUMBER	MC NUMBER (FOR-HIRE CARRIERS)	FEDERAL TAX ID (EIN)	

TYPE OF OPERATION

◯ For-hire carrier ◯ Private fleet ◯ Construction / excavation
◯ Agriculture / farm ◯ Logging / forestry ◯ Municipal / government
◯ Delivery / service fleet ◯ Other: _____

CONTACTS

Fleet manager, accounts payable, dispatch / after hours… Tick Authorize for anyone who can okay repairs, and what each person receives.

NAME	ROLE / TITLE / DEPT.	PHONE	EMAIL

☐ **Authorize** RECEIVES: ☐ Invoices ☐ Statements ☐ Payment receipts

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PREFERRED CONTACT

◯ Call ◯ Text ◯ Email ◯ Fleet portal

COMPANY: _____ **ACCOUNT # (SHOP):** _____

YOUR FLEET

NUMBER OF UNITS	Heavy-duty (Class 7–8): _____ Medium-duty (Class 4–6): ____ Light-duty / pickups: ____ Trailers: _____ Equipment / ag: _____ Other: _____
ENGINE MAKES IN THE FLEET	
HOW OFTEN WE'D SEE YOUR UNITS	☐ Weekly ☐ A few times a month ☐ Monthly ☐ Quarterly ☐ Breakdowns / as needed ☐ Not sure yet
UNIT LIST	○ On page 4 of this form ○ Sending a spreadsheet ○ We'll go over it at the shop

WHAT YOU NEED FROM US

SERVICES	☐ Preventive maintenance & DOT ☐ Diagnostics & electrical ☐ Engine & aftertreatment ☐ Brakes & air systems ☐ Steering & suspension ☐ Driveline & transmission ☐ Cooling & HVAC ☐ Trailers & reefer units ☐ Heavy-duty tires ☐ Road service ☐ Parts ☐ Other: _____

PM SCHEDULE YOU FOLLOW (MILES / HOURS / MONTHS)	**DOT INSPECTIONS DUE (MONTH)**

WHAT MATTERS MOST TO YOU	☐ Turnaround time ☐ Updates while it's here ☐ Scheduled PM ☐ Price ☐ Road service availability ☐ Parts on hand ☐ Other: _____
HOW YOU'D LIKE UPDATES	○ When it's diagnosed ○ Daily while it's here ○ Only when it's done ○ Other: _____
EXPECTATIONS — TURNAROUND, DOWNTIME, ANYTHING WE SHOULD KNOW ABOUT HOW YOU RUN	

APPROVALS

Who can okay repairs: tick "Authorize" for them under Contacts on page 1.

APPROVAL LIMIT PER REPAIR ($) — CALL BEFORE GOING OVER	**OVER THE LIMIT, CALL**

APPROVALS BY	○ Phone ○ Text ○ Email ○ Fleet portal / PO system
WHEN NO ONE ANSWERS	○ Hold the unit until we hear back ○ Go ahead up to the limit ○ Other: _____

COMPANY: _____ **ACCOUNT # (SHOP):** _____

BILLING

PO NUMBERS	◯ Required on every repair ◯ Not required ◯ Blanket PO: _____
INVOICE MUST SHOW	☐ PO number ☐ Unit number ☐ Mileage ☐ Engine hours ☐ VIN ☐ License plate ☐ Driver: _____ ☐ Cost center: _____ ☐ Other: _____ ☐ Work order / authorization #: _____
SEND INVOICES BY	☐ Email: _____ ☐ Mail to the address on page 1 ☐ Fleet portal / AP system: _____
SALES TAX	◯ Not exempt ◯ Exempt (business / farm) ◯ Government / municipality
IF EXEMPT	Tax ID or CES #: _____ Wisconsin S-211 attached? Y / N: _____
PAYMENT	◯ Pay at pickup ◯ Apply for Net 30 (approved accounts): fill in the references below

CREDIT REFERENCES · FOR NET 30

BANK	BRANCH / CITY	BANK CONTACT & PHONE

TRADE REFERENCE (COMPANY)	CONTACT	PHONE	EMAIL

AUTHORIZATION

I'm authorized to request fleet service for the company named on this form, and the information on it is accurate. For Net 30, OCD Diesel may contact the references listed.

AUTHORIZED SIGNATURE	PRINTED NAME & TITLE	DATE

SHOP USE ONLY

ACCOUNT SET UP BY	DATE	ACCOUNT #

TERMS APPROVED	◯ Pay at pickup ◯ Net 30 ◯ Pending: _____

APPROVED BY	S-211 ON FILE? Y / N	UNITS ENTERED? Y / N

COMPANY: _____ **ACCOUNT # (SHOP):** _____

LOCATIONS

Headquarters, terminals, yards, your own shop, job sites. Notes: gate codes, hours, where to park, who to ask for.

LOCATION TYPE / NAME	STREET ADDRESS	CITY	STATE	ZIP	SPECIAL NOTES / ACCESS

UNIT LIST

One row per unit. More units? Add Unit List sheets (FSR-101), or email a spreadsheet to Service@ocd-diesel.com.

UNIT #	YEAR	MAKE	MODEL	VIN	PLATE / STATE	ENGINE	BASED AT

COMPANY: _____ **ACCOUNT # (SHOP):** _____