ACCOUNT SETUP AND FLEET DETAILS



To establish an account, email this completed document to credit@monro.com, or fax to 585-784-3331. Please note that the completion of this document does not provide credit.

ACCOUNT DETAILS	•						
Number of Vehicles					Numbe	er of Employees	
Company Name							
Legal Name							
Type of Ownership	Corporation or LLC (State) Partnership Individual Government Not-for-Profit						
Industry	Car Dealerships and/or Automotive Construction and Related Services Government Transportation Other						
Address							
City			State			Zip Code)
Phone			Fax			'	
Company Web Address							
Primary Fleet Contact Name			Phone			Email	
Secondary Fleet Contact Name			Phone			Email	
FLEET DETAILS							
Can Drivers Approve Services?	Yes No	If Yes, Please Pro	vide the Doll	lar Limit			
PO Required	Yes No If Yes, Please Provide Format (ie. ABC12, 1234)						
Unit # Required	Yes No If Yes, Please Provide Format (ie. ABC12, 1234)						
VIN # Required	Yes No						
Provide Any Additional Information (e.g. driver's first name, last name)							
Vehicles	○ Leased ○ Owned						
Life Expectancy of Vehicles		Miles		Years			
Oil Preference	Conventional Synthetic Blend Full Synthetic Manufacturer's Specification						
Life Expectancy of Tires		Miles					
Preferred Tire and/or Manufacturer							
Provide Any Required Services or Non-Authorized Services: (e.g. top off fluids with every oil change)							
List States Where Fleet is Located							
Signature						Da	ate
OFFICE USE ONLY						<u> </u>	
Store #				Sales Rep #			
Price File				Existing Accou	nt #		