



**SYNFAST**  
**OIL CHANGE**



## FLEET ACCOUNT APPLICATION

Email completed forms to [fleets@synfastoilchange.com](mailto:fleets@synfastoilchange.com)

### **PLEASE READ THE FOLLOWING AND COMPLETE PAGES TWO AND THREE.**

1. The undersigned applicant/ buyer represents that the information given in this application is complete and accurate and authorizes Card Issuer to check with credit reporting agencies, credit references, and other sources disclosed to confirm information given.
2. Applicant requests a business charge account, if approved for credit, and one or more business charge cards from the card issuer.
3. Applicant agrees to the Terms and Conditions set forth in the Business Charge Agreement provided with this application and/or provided with the business charge card(s). Use of any cards issued pursuant to this application confirms Applicant's agreement to said terms and conditions.
4. If this account is for partnership or proprietorship, a partner or principal must sign this application and the undersigned's personal credit will be used in making a credit decision and they hereby authorize Card Issuer to obtain a consumer report. In the event that this application is denied based upon information contained in a consumer credit report for the undersigned, they authorize the Card Issuer to report the reason for the denial to the Applicant. Direct inquires of businesses where the undersigned maintains accounts may also be made.
5. Applicant agrees that in the event the account is not paid as agreed, Card Issuer may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. If you have any questions regarding this application, please call 858-999-3548 Ext 102. **Please sign and fax completed application to 858-273-5233 or email completed form to [fleets@synfastoilchange.com](mailto:fleets@synfastoilchange.com).**



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Full Legal Company Name			Phone #	Fax#
DBA or AKA		Subsidiary of		Applicants Taxpayer ID #
Billing Contact	Billing Address	City	State	Zip Code
Principal(s)/ Authorized Officer (s)			Title(s)	
In Business Since (yyyy)	Year of Incorporation (yyyy)	Fiscal Year Start (mm)		
Number of Vehicles for this program		Avg. Monthly Service Expenditures \$		
IMPORTANT: If your estimated monthly vehicle expenditures equal \$6,600 or more, please attach your most recent annual & current financial statements				
<b>Complete this Section Accurately. Select One:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> PC or PA <input type="checkbox"/> LLC <b>Is this account for a company that has been incorporated less than three years, a partnership, a proprietorship, a professional corporation or association, or a limited liability company?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes				
Primary Business Bank		Address	City	State Zip Code
Bank Contact Person		Phone #	Commercial Account #	
Designate the person authorized to receive all charge cards, reports, and other such information we provide from time to time and to take actions with respect to your account and account access. This is also the person designated by your company to provide all fleet vehicles, driver and other information we may request.				
Authorized Contact Name		Title	Phone #	Fax #
Mailing Address (if different from billing address)		City	State	Zip Code
Email Address				
<input type="checkbox"/> Check here if business is exempt from motor fuels tax (sales representative will provide further details)				
<b>Instructions: Complete and sign application. To speed processing, fax your application to us at 858-273-5233 or email to <a href="mailto:fleets@synfastoilchange.com">fleets@synfastoilchange.com</a></b>				
<b>AUTHORIZED SIGNATURE REQUIRED.</b> Any person signing on behalf of a business attests that the Applicant is a valid business entity, that, if applicable, the execution of this applications has been duly authorized by all necessary action of Applicant's governing body and that the undersigned is authorized to make this application on Applicant's behalf.				
Signature	Date	Print Name	Title	
X				
<b>BELOW FOR OFFICE USE ONLY</b>				
Billing Account Number		Fleet POS Account Number	Signature of RFG Rep	



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COMPANY NAME: \_\_\_\_\_

Please complete and fax this form along with your application to 858-273-5233 or email to [fleets@synfastoilchange.com](mailto:fleets@synfastoilchange.com)

\*\*For additional vehicles and/or drivers, please list on separate sheet\*\*

**VEHICLE INFORMATION**

Department	License Plate	State	Year/ Make/Model
1.			
2.			
3.			
4.			
5.			

**DRIVER INFORMATION**

Please list all the drivers who will be using fleet cards. In the Driver ID column:

Each Driver will require to provide a valid ID at the time of service.

Last Name	First Name	Middle Initial	Driver ID
1.			
2.			
3.			
4.			
5.			



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## FLEET ACCOUNT PRODUCT AND SERVICE GUIDE

Fleet Managers can indicate the specific lubricants and services you would like to have pre-approved; we will prepare a detailed price list and provide to you for review. Our in-house advisor can also provide assistance in reviewing all of our products, services, and pricing to best suit your vehicle fleet's needs.

Castrol EDGE FULL SYNTHETIC 0W20	Performance 500 CONVENTIONAL 5W20
Castrol EDGE FULL SYNTHETIC 0W40	Performance 500 CONVENTIONAL 5W30
Castrol EDGE FULL SYNTHETIC 10W30	Chevron Supreme CONVENTIONAL 5W20
Castrol EDGE FULL SYNTHETIC 5W20	Chevron Supreme CONVENTIONAL 5W30
Castrol EDGE FULL SYNTHETIC 5W30	Castrol GTX ESSENTIAL 5W20
Castrol EDGE FULL SYNTHETIC 5W40	Castrol GTX ESSENTIAL 5W30
	Chevron DIESEL 15W40
Castrol EDGE EXTENDED 0W20	
Castrol EDGE EXTENDED 5W20	
Castrol EDGE EXTENDED 5W30	Chevron LS 80W90 Gear Oil
Castrol EDGE HIGH MILEAGE 10W30	MXP LS 75W90 Synthetic Gear Oil
Castrol EDGE HIGH MILEAGE 5W20	MXP LS 75W140 Synthetic Gear Oil
Castrol EDGE HIGH MILEAGE 5W30	
Performance 500 FULL SYNTHETIC 0W20	Spark Plug/ Wire Replacement Service
Performance 500 FULL SYNTHETIC 5W20	Two Part Fuel System Service
Performance 500 FULL SYNTHETIC 5W30	Automatic Transmission Service
	Manual Transmission Service
	Differential/ Gearbox Service
	Fuel Filter Replacement Service
Castrol GTX High Mileage 10W-30	Air/Cabin Air Filter Replacement Service
Castrol GTX High Mileage 5W-20	Coolant Replacement Service
Castrol GTX High Mileage 5W-30	AC Refrigerant Replacement Service
	Bulb Replacement Service
Performance 500 HIGH MILEAGE 10W30	Serpentine Belt Replacement Service
Performance 500 HIGH MILEAGE 5W30	Brake Pad/Rotors Service
	Battery Replacement Service
	Miscellaneous Repair Services*

\*A Fleet Manager can review all available light vehicle repair services available in your area