

# Local Corporate Account Information Card

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## VEHICLE NEEDS:

CARS       PASSENGER VANS       TRUCKS/CARGO VANS

DAILY       WEEKLY       MONTHLY

Requested Requirements: \_\_\_\_\_ times per    Week    Month    Year

Number of business days: \_\_\_\_\_

Form submitted by: \_\_\_\_\_

**Fax To: 555-1213 Attn: Your Name/Corporate Sales**