## **NEW CUSTOMER FORM**

**FYX Fleet, LLC.** 500 Meijer Drive, Suite 300, Florence, KY 41042 Sales Team: 877.484.2935, sales@fyxfleet.com



Company Name:				
Physical Address:				
City:		State:		Zip Code:
Billing Address:				
DOT:	MC #:		SCAC Code	2:
Main Contact:		Title:		
Office Phone:		Mobile		
Email:		Phone: Fax:		
What type of serv	ice would you like?	(Tractor/Trailer,	Coach, etc.) □Interr	nodal (Chassis/Container)
May drivers call for	r and authorize service? □Yes □N	JO (Please contact of	our sales team if you need separa	te day and night service limits)
Tire Svc. Limit: 🗖	🛿 \$750 🗖 \$1000 Mech Svc. Limi	t: 🗖 \$750 ]	<b>\$1000</b> Tow Svc.	Limit: 🗖 \$750 🗖 \$1000
Must we collect a P	2.0. number? □Yes, before service	□No P.O. Cor	ntact	
Name:		P.O. Format:		
P.O Email:		P.O. Phone:	:	
Please mark any a	additional instructions to be followe	d when FYX m	anages your road ser	vice:
□Technician ask d	Iriver to keep casing	□Techniciar	n should scrap casing	
□Other:				

(contact our sales team with additional instructions)

## **NEW CUSTOMER FORM** (page 2)

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If drivers may not authorize or the service exceeds above limits, please list authorizing contacts in call order

preference. 🗆 Anyone	at this number	can authorize service:
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1st Contact Name:	Title:	
Office Phone:	Mobile Phone:	
Email:		
2nd Contact Name:	Title:	
Office Phone:	Mobile Phone:	
Email:		
3rd Contact Name:	Title:	
Office Phone:	Mobile Phone:	
Email:		

## Please provide applicable national tire account information:

Prefer new, retread or used tires?:				
Drive U	nit	Trailing Unit		
1st Choice National Brand:		Account #:		
P.O. # Format:				
2nd Choice National Brand:		Account #:		
P.O. # Format:				
<b>3rd Choice National Brand</b> :		Account #:		
P.O. # Format:				

Who is responsible for payment?	Name:	Email:	
	Phone:		