



Qualified Fleet Customer Enrollment Agreement & Change of Information Form

BEFORE FILLING OUT THIS FORM, PLEASE READ ALL THE INSTRUCTIONS ON THE REVERSE SIDE. Please Type or Print.

NEW ACCOUNT APPLICATION CHANGE OF INFORMATION REQUEST TERMINATION REQUEST

| | |
|--|--|
| <input type="text"/> CORPORATE/COMPANY LEGAL NAME | ACCOUNT CATEGORY (see table on reverse side) <input type="checkbox"/> |
| <input type="text"/> CORPORATE DBA NAME (if applicable) | NAICS CODE (see table on reverse side) <input type="text"/> |
| <input type="text"/> CORPORATE PARENT NAME (if applicable) | FLEET ACCOUNT NUMBER <input type="text"/> |
| <input type="text"/> CORPORATE TAX ID | |
| Are you a BusinessLink® Customer? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

| COMPANY ADDRESS | MAILING ADDRESS (if different from company) |
|--|--|
| <input type="text"/> STREET | <input type="text"/> ATTN |
| <input type="text"/> P.O. BOX | <input type="text"/> STREET |
| <input type="text"/> <input type="text"/> <input type="text"/> CITY STATE ZIF | <input type="text"/> P.O. BOX |
| <input type="text"/> MAIN PHONE NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> CITY STATE ZIP |

| | |
|--|---|
| <input type="text"/> CONTACT NAME (Last) (First) (Middle Initial) | <input type="text"/> ALTERNATE CONTACT NAME (if any) (Last) (First) (Middle Initial) |
| <input type="text"/> TITLE | <input type="text"/> TITLE |
| <input type="text"/> PHONE | <input type="text"/> PHONE |
| <input type="text"/> FAX | <input type="text"/> FAX |
| <input type="text"/> eMail | <input type="text"/> eMail |
| Would you like to receive program/product updates via eMail? YES NO | |

| UNITS IN OPERATION | FLEET MAKEUP |
|--|--|
| <input type="text"/> SEDANS | <input type="text"/> MINIVAN_MPVs |
| <input type="text"/> SUV's | <input type="text"/> LIGHT DUTY TRUCKS |
| <input type="text"/> SMALL VANS | <input type="text"/> HEAVY DUTY TRUCKS |
| <input type="text"/> LARGE VANS | <input type="text"/> CAB CHASSIS |
| <input type="text"/> AVG ANNUAL ACQUISITIONS | |

| SUBMITTING DEALER OR FLEET MANAGEMENT AND/OR COMMERCIAL LEASING COMPANY INFORMATION: | |
|---|----------------------|
| <input type="text"/> DEALER OR FLEET MANAGEMENT AND/OR COMMERCIAL LEASING CO. | |
| <input type="text"/> REQUESTER'S NAME | |
| <input type="text"/> DEALER CODE | <input type="text"/> |
| <input type="text"/> FLEET MANAGEMENT AND/OR COMMERCIAL LEASING CO. FLEET ACCOUNT NUMBER | <input type="text"/> |

IF YOU REQUIRE ASSISTANCE,
PHONE: 1-800-999-FLEET (3533)
WEB SITE: www.fcausfleet.com

After completion of this form, including applicable signature, please fax it with the proof of fleet qualification documents to:
FCA FLEET INFORMATION CENTER
FAX: 1-800-262-6020 or e-Mail FLCenter@fcagroup.com

Fleet Customer's Signature

Signature Full Name

Title

Date

If applicable, Fleet Management and/or Commercial Leasing Company signature:

Fleet Management and/or Commercial Leasing Company's Signature

Signature Full Name

Title

Date

INSTRUCTIONS

NEW ACCOUNT APPLICATION:

Fully complete the form and submit it to the Fleet Information Center along with proof that the Fleet Customer meets one of the following requirements:

- a) purchases or leases and registers five (5) or more vehicles (any make or model) during the current or preceding calendar year, current or preceding model year or 12-month period;
- b) currently operates 15 or more vehicles (owned or leased); or
- c) operates a livery with a valid state approved livery license.

CHANGE OF INFORMATION (such as address):

Check box for Change of Information Request, enter the Fleet Account Number in box 1, and make the necessary changes in the appropriate boxes. Sign, then fax completed form to the Fleet Information Center or your Regional Account Executive.

TERMINATION REQUEST:

Check box for Termination Request, enter the Fleet Account Number in box 1 and sign, then fax the form to the Fleet Information Center.

TERMS AND CONDITIONS

To qualify as a FCA Fleet Customer, Customer must meet, and provide evidence of, one of the following requirements: (1) purchases or leases and registers five (5) or more vehicles (any make or model) during the current or preceding calendar year, current or preceding model year or 12-month period; (2) currently operates 15 or more vehicles (owned or leased); or (3) operates a livery with a valid state approved livery license.

Customer represents that it is not an automobile dealer or broker, does not purchase vehicles primarily for resale and meets the minimum requirements to be eligible for the FCA Fleet program as stated in the FCA Fleet Purchase Program Rules.

Customer represents and warrants that all vehicles purchased under the FCA Fleet program will not be resold by Customer until the vehicle either (1) remains in service for at least twelve (12) months after registration, or (2) accumulates at least 12,000 miles. These requirements may change as provided in FCA's Fleet Purchase Program Rules, which are incorporated into this agreement, as amended from time to time. Customer agrees that it has read, understands and agrees to comply with FCA's Fleet Purchase Program Rules, including that it will provide FCA or the selling dealer, promptly upon request, documentation which shows that vehicles purchased under the FCA Fleet program were registered to a fleet customer and kept in service as specified above, and if so requested, to provide access to Customer's records for audit purposes. Customer further agrees that if it does not comply with this agreement, it will repay the value of any fleet program benefits which were paid or credited to it on relevant vehicles and FCA shall have no obligation to honor any pending or future orders by or on Customer's behalf or on behalf of any affiliated company.

This form, along with documentary proof of Customer's eligibility, may be submitted by a Fleet Management and/or Commercial Leasing company on behalf of Customer; however, by signing on the Customer's behalf, Fleet Management and/or Commercial Leasing company certifies that they have provided a copy of the current FCA Fleet Purchase Program Rules to the Customer and Fleet Management and/or Commercial Leasing company shall be responsible for all violations by the Customer of those Rules, including, without limitation, repayment to FCA of all benefits paid or credited to it or to the Customer on all vehicles sold under this fleet account.

A copy of this agreement must be signed by the Customer and/or Fleet Management and/or Commercial Leasing Company and be submitted to FCA within 90 days of activation of Customer's Fleet Account. This agreement will be void and of no force and effect, and Customer's Fleet Account canceled.

This agreement will be part of each and every fleet order submitted by or on behalf of Customer.

| Account Categories for Fleet Customer Enrollment | | | |
|---|---|---------------|----------------------------------|
| CATEGORY CODE | DESCRIPTION | CATEGORY CODE | DESCRIPTION |
| C | COMMERCIAL COMPANY | R | DAILY RENTAL COMPANY |
| L | LEASING COMPANY | U | PUBLIC UTILITY COMPANY |
| B | BANK/FINANCIAL INSTITUTION (Indirect Lender) | G | LOCAL/STATE GOVERNMENT AGENCY |
| V | LIVERY | | |

Index of
NAICS CODES
Use this guide to determine your major group.

North American Industry Classification System (Major Group)

- | | |
|--|---|
| <ul style="list-style-type: none"> 11 — Agriculture, Forestry & Fishing 21 — Mining, Oil & Gas 22 — Utilities 23 — Construction 31 — Manufacturing 42 — Wholesale Trade 44 — Retail Trade 48 — Transportation 49 — Postal, Courier, Message & Warehousing 51 — Information 52 — Finance & Insurance | <ul style="list-style-type: none"> 53 — Real Estate, Rental & Leasing 54 — Professional, Scientific, Technical & Legal 55 — Management of Companies 56 — Administrative & Support Services 61 — Educational Services 62 — Health Care & Social Assistance 71 — Arts, Recreation & Entertainment 72 — Accommodation & Food Services 81 — Other Services (except Public) 92 — Public Administration |
|--|---|

NOTE: NAICS codes replace SIC codes.

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WEB SITE: www.fcausfleet.com



Qualified Fleet Customer Enrollment Agreement & Change of Information Form

Fleet Customer's Signature

Signature Full Name

Title

Date

**If applicable, Fleet Management and/or
Commercial Leasing Company
signature:**

Fleet Management and/or Commercial Leasing
Company's Signature

Signature Full Name

Title

Date

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