

REQUESTOR: _____

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____

TITLE IN ORGANIZATION: _____

EMAIL: _____

WEBSITE: _____

FORECASTED ANNUAL SALES: _____

BUSINESS MODEL: _____

(ASSOCIATION / CONTRACTORS / EXPEDITORS / FRANCHISES / HOTELS & DISTRIBUTORS)

OVERVIEW OF BUSINESS:

COLLECTIVE FLEET SIZE: _____

OF LOCATIONS IN US: _____

SALES STRATEGY: PREFERRED VENDOR, INTERNAL MARKETING, INTRANET WEBSITE, ETC.

APPLICANT PRINT NAME: _____

APPLICANT SIGNATURE: _____

REGIONAL DEPARTMENT MANAGER SIGNATURE

SALES OPERATIONS DEPARTMENT MANAGER

NEW ACCOUNT APPLICATION:

Fully complete the form and submit to commercialvansfleet@daimler.com along with proof that the Members Program Customer meets program requirements.