

SAFELITE AUTO GLASS
National Limousine Association
NEW FLEET ACCOUNT REQUEST FORM

PLEASE PRINT or TYPE INFORMATION

Date:

Company Name: _____

E-mail: _____

Billing Address: _____

City/State/ZIP: _____

Fax# : _____

Telephone#: _____

Contact Name: _____

Total # Vehicles in Fleet _____

To make application for a new glass program account, please print and fax the above information to: (816) 817-1550 You will be contacted within 48 hours by a Safelite Area Sales Manager