

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](mailto:commercialvansfleet@daimler.com) along with proof that the Members Program Customer meets program requirements.