



# QUALITY BUSINESS SERVICES ENROLLMENT FORM

QBSTIRES@QualityCompaniesLLC.com | 844.647.8460

Legal Business Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business:  Corporation  LLC  Partnership  Sole Proprietor Date Established: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

# of Company Drivers: \_\_\_\_\_ # of Owner Operators: \_\_\_\_\_ # of Trailers: \_\_\_\_\_

MC #: \_\_\_\_\_ DOT #: \_\_\_\_\_

Types of Trailers:  Reefer  Dry  Flatbed  Other \_\_\_\_\_  Long Haul  Short Haul

**Makes of Trucks in Fleet:** (select all that apply)

Peterbilt  International  Freightliner  Mack  Kenworth  Volvo  Other \_\_\_\_\_

**Brand of Tires in Fleet:** (select all that apply)

Michelin  Goodyear  BFGoodrich  Firestone  Bridgestone  Continental  Other \_\_\_\_\_

**Please select which Quality Business Services discount programs you are interested in:**

Fuel Discounts  Hotel Discounts  Maintenance Discounts  Tire Discounts

Please sign below to verify that the information provided is accurate. By signing below, enrollee authorizes Quality Business Services to order a credit and business report in addition to conducting other necessary information to approve enrollee as a qualified Quality Business Service partner.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Please email completed form to QBSTIRES@QualityCompaniesLLC.com or fax to 317.829.6399.

