



Eagle Tele-Services, Inc. Customer Setup Authorization

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Company Phone: _____ Company Fax: _____

Main Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Billing Contact Name: _____

Billing Contact Phone: _____ Billing Contact Fax: _____

Shop/Maintenance Phone: _____

Approximate Number of Fleet Tractors _____ Trailers _____ Other _____

Authorization of service:

The system generated incident number will be used as the PO (purchase order) and/or reference number for all incidents handled. Customers do have the option to assign an open PO which can be used as an internal reference for the fleet. ETS will contact the customer for authorization of repairs that will exceed \$750. If there is nobody available to provide authorization, ETS should ____ **continue with service** or ____ **delay service until authorization is provided** (check the appropriate process).

Standing PO number _____ (To be used on incidents up to the authorized amount.)

To obtain authorization for repairs exceeding \$750 please call the following list:

During normal business hours Hours: ____ AM/PM - ____ AM/PM EST

Contact 1: _____ Title: _____

Number: _____ (Home Office Cell Pager)

Alt Number: _____ (Home Office Cell Pager) (Circle)

Alt Number: _____ (Home Office Cell Pager)

Contact 2: _____ Title: _____

Number: _____ (Home Office Cell Pager)

Alt Number: _____ (Home Office Cell Pager) (Circle)

Alt Number: _____ (Home Office Cell Pager)

Contact 3: _____ Title: _____

Number: _____ (Home Office Cell Pager)

Alt Number: _____ (Home Office Cell Pager) (Circle)

Alt Number: _____ (Home Office Cell Pager)



After hours and weekends Hours: ____ AM/PM - ____ AM/PM EST

Contact 1: _____ Title: _____

Number: _____ (Home Office Cell Pager)

Alt Number: _____ (Home Office Cell Pager) (Circle)

Alt Number: _____ (Home Office Cell Pager)

Contact 2: _____ Title: _____

Number: _____ (Home Office Cell Pager)

Alt Number: _____ (Home Office Cell Pager) (Circle)

Alt Number: _____ (Home Office Cell Pager)

Please Collect the following required data for each incident: (Check all that apply)

<input type="checkbox"/> Defective Unit #	<input type="checkbox"/> Mileage
<input type="checkbox"/> Associated Unit #	<input type="checkbox"/> VIN/Serial #
<input type="checkbox"/> Driver Name	<input type="checkbox"/> DOT on/off
<input type="checkbox"/> Reason for Failure	<input type="checkbox"/>

AUTOMATED NOTIFICATION

Please send me an email:

- When Incident is opened
- When Incident is completed

To what email address should we send these notifications? _____

TIRE SERVICE

Unless otherwise noted, all tires will be replaced with new tires of the same brand, type and size, if possible.

Tire Preferences: (If possible replace tires with the following:)

- **Replace Steer Tire with:** New Used
- **Replace Drive Tire with:** New Used Recap
- **Replace Trailer Tire with:** New Used Recap

Use the following tire national accounts, if possible:

1. Company: **Bridgestone** _____ Account #: _____
2. Company: _____ Account #: _____
3. Company: _____ Account #: _____
4. Company: _____ Account #: _____
5. Company: _____ Account #: _____



Disposition of removed tire parts:

- Return to Driver Disposed of by service provider Ship to terminal

MECHANICAL SERVICE (If applicable to this program)

Mechanical national accounts: (list in order of preferred use)

- 1. Company: _____ Account #: _____
- 2. Company: _____ Account #: _____
- 3. Company: _____ Account #: _____
- 4. Company: _____ Account #: _____
- 5. Company: _____ Account #: _____

Debit Account Information:

If a service is provided that cannot be charged to one of your national account programs, what debit/charge account should Breakdown Manager use to cover cost of repairs:

- 1. Company: _____ Account Type: _____
Account #: _____ Exp. Date: _____
- 2. Company: _____ Account Type: _____
Account #: _____ Exp. Date: _____

For the purpose of making payment or charges for vehicle repairs or other such services requested on behalf of

_____, I, _____ authorize
(Company Name) (Printed Name of Authorizing Party)

Eagle Tele-Services, Inc. use of the account information included within this document.

Signature of Authorizing Party: _____

Title: _____

Date: _____

Please return the completed form by fax to 804-747-3900 or by e-mail to mail@eagleteleservices.biz