

# **PACCAR PARTS**

## **Fleet Services**

Thank you for your interest in the PACCAR Parts Fleet Services program. Enclosed is a checklist to help guide you through the application. If you should have any questions, please feel free to contact our Underwriting team:

- 1-(888)-977-2787 or [plpapplications@multiservice.com](mailto:plpapplications@multiservice.com)

### **What happens once Multi Service receives my application?**

Once an application is received at Multi Service, the following steps take place:

1. Review and approval or denial of application.
2. Account setup (Underwriting and / or Customer Service may contact you if information requested within the application is missing).
3. Program website training (usually conducted via webinar; Multi Service will contact you to schedule).
4. Receipt of welcome pack (includes account numbers and / or physical cards).
5. Begin purchasing.

## PACCAR Parts Fleet Services Application Checklist

Below is a list of the information needed for Multi Service to quickly and accurately evaluate your application for credit.

### Page 1

**Organizational Structure / Parent Account Information**

If you belong to an organization where the parent account or headquarters needs to have visibility to your account activity and the parent account is already a part of the program, please provide their PACCAR Parts Fleet Services customer number and name so we can create the account relationship in our system.

**Correct Legal Name of Business**

A Legal Name of Business is the name used on IRS tax forms, such as a W9, and is required for tax purposes. Multi Service verifies business names through the Secretary of State web portal. If the information is incorrect on the application, you will be asked to correct it.

**DBA**

If you are doing business under any other name, please include that information here.

**Physical Street Address**

The exact physical address helps Multi Service to ensure that we are looking at information on the correct company and not one with a similar name for underwriting purposes. Please do not provide a P.O. Box here.

If you prefer to use a P.O. Box for billing purposes, that can be arranged for you during account set up.

**Request Plastic Identification Cards**

Many fleets utilize a virtual account number for our programs. If you would like physical plastic cards with your account number(s) listed on them, please indicate this here.

**Expected Monthly Spend & Credit Line Requested**

The estimates you provide here will assist our Underwriting department in assigning a line of credit for your account.

### Page 2

**Contact Information**

Please provide a primary contact for day to day communication (used for point of sale questions) and a billing contact to discuss billing inquiries (typically this is a financial contact). Also indicate if the contacts need to receive reports and the format in which you would prefer to receive them.

### Page 3

**Purchase Policies**

Indicate the type of information you require to be provided in order for a purchase to be made and other purchase limitations you would like to make to your account.

## Page 4

### **Billing Preferences**

Indicate how often you would like to be billed (corresponds to payment terms). Also, please indicate whether you would like to receive one bill for all locations (centralized) or to have each location receive their own bill (decentralized).

NOTE: This information may impact your credit line.

### **Payment Method**

Indicate your preferred method of payment.

NOTE: Electronic payments may enable Multi Service to extend a larger credit line than manual means.

### **Bank Information**

This information is required if you choose EFT or ACH as your preferred method of payment.

NOTE: If selecting EFT as your preferred payment method, please provide a copy of a voided check so we can accurately set up your banking information in our systems.

### **Tax Information**

This information is required for underwriting purposes.

## Page 5

### **Bank & Trade Reference Section**

Occasionally, the information contained on the application is not sufficient for Multi Service to extend the requested credit line to a customer. In those cases, we often reach out to the customer's references for history.

Most companies have a Bank and Trade Reference sheet already prepared. If you include this document when you submit your application, you need not complete this section.

## Page 6

### **Organizational Structure / Additional Customer Locations**

If you are a parent location or headquarters and you have other locations (business units) or sub-structures (departments, operating units, etc.) for which you pay the invoice, complete this form to initiate those locations in our system.

## Page 7 and 8 (Accountholder Agreement)

### **Officer / Authorized Signature**

For your protection, Multi Service will verify that the signature given is by an officer or authorized signatory of the company.

### Customer Application Form

#### PARENT (HQ) INFORMATION

Is This Customer Location A Parent Location?  Yes  No

If NO, PACCAR Parent Location ID (if known):

Parent Location Name:

(PLEASE PRINT OR TYPE)

#### CUSTOMER INFORMATION

**Company Legal Name:**

As displayed on income tax return

**DBA:**

**Legal Physical Address** (No P.O Boxes) :

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_  
**Country:**  United States  Canada **Preferred Currency:** <sup>1</sup>  U.S Dollar  Canadian Dollar

**Preferred Language:**  English  French  Spanish

**Tax Exempt:**  Yes  No (Please include all exemption certificates with this application)

**Business Type:**

Corporation  Government  LLC  Municipality  Non-Profit  
 Partnership  Private School  Public Education  Sole Proprietor

**Request Cards (Plastic):**  Yes  No

**If YES, Number Of Cards Requested:**  
**Cards Desired At:**  Parent Level  Location Level

#### CREDIT INFORMATION \*required\*

**Expected Monthly Spend: \$**

**Requested Credit Line: \$**

<sup>1</sup> Currency Type cannot be changed once your account has been created. To change currencies after creation, you must close your account and reapply for a new one.

### CONTACT INFORMATION

#### Primary Contact **\*required\***

<b>Contact Name:</b>	<b>Job Title:</b>
<b>Availability:</b> <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both	<b>Address:</b>
<b>Phone Number:</b> _____ <b>Ext:</b> _____	
<b>Cell Number:</b>	<b>City:</b> _____ <b>State:</b> _____
<b>Fax Number:</b>	<b>Zip/Postal Code:</b>
<b>E-mail Address:</b>	<b>Country:</b> <input type="checkbox"/> U.S.A <input type="checkbox"/> Canada
<b>Bill Delivery for Primary Contact</b>	
<b>Delivery Method:</b> Fax <input type="checkbox"/> Email <input type="checkbox"/>	<b>Format (for e-mailed bills)</b> <input type="checkbox"/> PDF <input type="checkbox"/> CSV
<b>Invoice Record of Charges to accompany billing statement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>OPT OUT of receiving billing statement</b> You may select to opt out if you prefer to get your billing statements online.	

#### Billing Contact **\*required\***

<b>Contact Name:</b>	<b>Job Title:</b>
<b>Availability:</b> <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both	<b>Address:</b>
<b>Phone Number:</b> _____ <b>Ext:</b> _____	
<b>Cell Number:</b>	<b>City:</b> _____ <b>State:</b> _____
<b>Fax Number:</b>	<b>Zip/Postal Code:</b>
<b>E-mail Address:</b>	<b>Country:</b> <input type="checkbox"/> U.S.A <input type="checkbox"/> Canada
<b>Bill Delivery for Billing Contact</b>	
<b>Delivery Method:</b> Fax <input type="checkbox"/> Email <input type="checkbox"/>	<b>Format (for e-mailed bills)</b> <input type="checkbox"/> PDF <input type="checkbox"/> CSV
<b>Invoice Record of Charges to accompany billing statement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Secondary Contact **\*optional\***

<b>Contact Name:</b>	<b>Job Title:</b>
<b>Availability:</b> <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both	<b>Address:</b>
<b>Phone Number:</b> _____ <b>Ext:</b> _____	
<b>Cell Number:</b>	<b>City:</b> _____ <b>State:</b> _____
<b>Fax Number:</b>	<b>Zip/Postal Code:</b>
<b>E-mail Address:</b>	<b>Country:</b> <input type="checkbox"/> U.S.A <input type="checkbox"/> Canada
<b>Bill Delivery for Secondary Contact</b>	
<b>Delivery Method:</b> Fax <input type="checkbox"/> Email <input type="checkbox"/>	<b>Format (for e-mailed bills)</b> <input type="checkbox"/> PDF <input type="checkbox"/> CSV
<b>Invoice Record of Charges to accompany billing statement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>OPT OUT of receiving billing statement</b> You may select to opt out if you prefer to get your billing statements online.	

EDI or Additional Contact *optional*	
<b>Contact Name:</b>	<b>Job Title:</b>
<b>Availability:</b> <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both	<b>Address:</b>
<b>Phone Number:</b> _____ <b>Ext:</b> _____	
<b>Cell Number:</b>	<b>City:</b> _____ <b>State:</b> _____
<b>Fax Number:</b>	<b>Zip/Postal Code:</b>
<b>E-mail Address:</b>	<b>Country:</b> <input type="checkbox"/> U.S.A <input type="checkbox"/> Canada
Bill Delivery for Additional Contact	
<b>Delivery Method:</b> Fax <input type="checkbox"/> Email <input type="checkbox"/>	<b>Format (for e-mailed bills)</b> <input type="checkbox"/> PDF <input type="checkbox"/> CSV
<b>Invoice Record of Charges to accompany billing statement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>OPT OUT of receiving billing statement</b> You may select to opt out if you prefer to get your billing statements online.	

PURCHASE POLICIES *optional*	
<b>P.O. Required? *</b> Never <input type="checkbox"/> Always <input type="checkbox"/> If transaction greater than \$	<b>Unit Number Required? *</b> Never <input type="checkbox"/> Always On Labor <input type="checkbox"/>
<b>P.O. Format?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Unit Number Format?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Transaction Limit? **</b> <input type="checkbox"/> None <input type="checkbox"/> Transactions not allowed greater than \$ <input type="checkbox"/> Transactions not allowed less than \$	<b>VIN Number Required?</b> Never <input type="checkbox"/> Always On Labor <input type="checkbox"/>
	<b>Odometer Required?</b> Never <input type="checkbox"/> Always On Labor <input type="checkbox"/>

\* Please provide a separate list of all PO formats and/or Unit Numbers formats if this information is required.

If a PO format is unique to specific locations, please ensure location information is included in your list.

\*\* If you choose not to allow transactions over a given limit, please contact the PACCAR Parts Fleet Services Fleet Services Processing Center to arrange an override procedure.

**BILLING PREFERENCES**

Preferred Billing Cycle:  Daily (Electronic only)  Bi-weekly (Every other Thursday)

Centralized Billing (Billing paid by Parent account location):  Yes  No

If yes, should child locations receive bill copies as well?  Yes  No

Preferred Payment Method:  Check  Wire  EFT (MSTS initiated)  EFT (Customer initiated)

**BANK INFORMATION**

<sup>2</sup> Required for Electronic Funds Transfer / ACH for payment

Bank Name / Branch:

ABA Number:

Account Type:  Checking  Savings

Account Number:

Account Name:

**\*\*\*\* Required \*\*\*\*  
PLEASE INCLUDE A VOIDED CHECK FOR VERIFICATION**

**TAX INFORMATION \*Required\***

If Corporation:

Tax ID:

Tax Type:  FEIN  BN  GST  QST

If Sole Proprietor:

Tax ID:

Tax Type:  SSN  SIN

<sup>2</sup> This form authorizes Multi Service Technology Solutions, Inc. operating as the PACCAR Parts Fleet Services Fleet Services Processing Center to deposit funds into and/or withdraw funds from the customer's bank account by means of Electronic Funds Transfer for payment of goods and services charged on the PACCAR Parts Fleet Services Fleet Services Account and processed by the PACCAR Parts Fleet Services Fleet Services Processing Center. It will also allow access for adjustments in the event of billing errors. This authorization is to remain in effect until the PACCAR Parts Fleet Services Fleet Services Processing Center is notified, in writing, of cancellation.

# PACCAR PARTS

## Fleet Services

**\*\* Please attach your Bank & Trade Reference Sheet, or complete the following page \*\***

Bank Reference:	
Bank Name:	Contact Name:
Account Name:	Phone Number: Ext:
Account Number:	Fax: Number:

Trade Reference:	
Company Name:	Contact Name:
Account Name:	Phone Number: Ext:
Account Number:	Fax: Number:

Trade Reference:	
Company Name:	Contact Name:
Account Name:	Phone Number: Ext:
Account Number:	Fax: Number:

Trade References:	
Company Name:	Contact Name:
Account Name:	Phone Number: Ext:
Account Number:	Fax: Number:

Trade References:	
Company Name:	Contact Name:
Account Name:	Phone Number: Ext:
Account Number:	Fax: Number:

### ADDITIONAL CUSTOMER LOCATIONS

Please provide information for additional locations (child sites) using the fields below.  
 If you would prefer you may also provide additional location information as a separate sheet.  
 \*\*\* Please ensure separate sheets include information for the below fields \*\*\*

ADDITIONAL LOCATION CONTACT INFORMATION	
Location Name:	
Location/Site ID:	

Primary Contact <b>*required*</b>	
Contact Name:	Job Title:
Availability: <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both	Address:
Phone Number: Ext:	
Cell Number:	City: State:
Fax Number:	Zip/Postal Code:
E-mail Address:	Country: <input type="checkbox"/> U.S.A <input type="checkbox"/> Canada
Bill Delivery for Primary Contact	
Delivery Method: Fax <input type="checkbox"/> Email <input type="checkbox"/>	Format (for e-mailed bills) PDF <input type="checkbox"/> CSV <input type="checkbox"/>
Invoice Record of Charges to accompany billing statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>OPT OUT of receiving billing statement</b> You may select to opt out if you prefer to get your billing statements online.	

Billing Contact <b>*required*</b>	
Contact Name:	Job Title:
Availability: <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both	Address:
Phone Number: Ext:	
Cell Number:	City: State:
Fax Number:	Zip/Postal Code:
E-mail Address:	Country: <input type="checkbox"/> U.S.A <input type="checkbox"/> Canada
Bill Delivery for Billing Contact	
Delivery Method: Fax <input type="checkbox"/> Email <input type="checkbox"/>	Format (for e-mailed bills) PDF <input type="checkbox"/> CSV <input type="checkbox"/>
Invoice Record of Charges to accompany billing statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>OPT OUT of receiving billing statement</b> You may select to opt out if you prefer to get your billing statements online.	

## PACCAR Parts Fleet Services Accountholder Agreement (“Agreement”)

WHEREAS Multi Service Technology Solutions, Inc. (MSTS) is engaged in the business of providing a purchase program for parts and other products and services offered for sale by PACCAR Parts and which program is called PACCAR Parts Fleet Services;  
and

WHEREAS applicant requests MSTS to provide such purchase program

NOW THEREFORE, the parties hereto agree to be legally bound as follows:

1. The PACCAR Parts Fleet Services cards and/or account numbers (“Card” or “Account”) are issued by, and credit is extended by, MSTS, P.O. Box 10922, Shawnee Mission, KS 66225. Any references in this Agreement to PACCAR Parts Fleet Services refer to MSTS.
2. The applicant authorizes MSTS to investigate the credit history of applicant through commercial reporting companies and direct inquiries to businesses where applicant has accounts.
3. If approved, the holder of the Account (“Accountholder”) represents that the Account will only be used for business or commercial purposes and at no time shall the Account be used for personal, family or household purposes.
4. Usage of the PACCAR Parts Fleet Services Account by the Accountholder named on it constitutes acceptance of all terms and conditions contained in this Agreement, as such terms and conditions may be amended from time to time by MSTS effective upon no less than 15 days’ prior written notice (and if no effective date is given in such notice, then 15 days from the date of such notice). Any objections to the changes in the Terms and Conditions must be received by MSTS within fifteen (15) days of Accountholders receipt of amendment notice. Usage by the Accountholder includes the retention or use of the Account by (i) the Accountholder as named on it, (ii) any person or entity under Accountholder’s direction or control, and (iii) any Dealer to whom the Accountholder or any person or entity under Accountholder’s direction or control has, at any time supplied the Cards and/or Account numbers.
5. Any Valid Account transactions received by MSTS for a closed or deactivated Dealer that have a transaction date prior to MSTS’s deactivation of that Dealer are the financial responsibility of the Accountholder.
6. All requested changes to Account must be made in writing on official letterhead or in an e-mail or through the program website from an officer and/or authorized representative of the Accountholder.
7. MSTS is not a seller of merchandise. MSTS neither sells nor warrants the goods or services obtained from PACCAR Parts Fleet Services Dealers. MSTS’s sole function is to furnish credit and billing services; MSTS does not warrant any merchandise or services from any source obtained by the use of MSTS’s credit or billing services. **MSTS HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, RELATING TO ANY SUCH GOODS OR SERVICES, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NON-INFRINGEMENT.**
8. A credit line will be assigned to each Accountholder. This line includes all unpaid purchases, whether billed or unbilled. If Accountholder finds its credit line to be inadequate, Accountholder shall notify MSTS at 1-888-97PARTS (1-888-977-2787) and request a change to its credit line. MSTS will review and modify credit limits in accordance with MSTS’s credit policies.
9. Statements will be distributed daily or bi-weekly every other Thursday as specified by the Accountholder. For Customers billed bi-weekly, payments are due in full 15 days from the statement date; for Customers billed daily, payments are due in full 20 days from the statement date. Statements outstanding more than 15 or 20 days (as applicable) are considered delinquent. Delinquent Accounts will be assessed late charges at a monthly

rate of 1.5% of the transaction value per month on all outstanding transactions. Late fees are assessed at the invoice level and on the delinquent invoices for each billing statement. The Accountholder is liable for all late charges assessed to the Account and must pay these charges to keep its Account in good standing.

10. The payment terms stated in this Agreement apply to all invoices, and supersede the payment terms of any Purchase Order (P.O.), third party contract or any other documentation the Accountholder may have signed.
11. Accountholder may pay its PACCAR Parts Fleet Services statement via check or Electronic Funds Transfer (EFT). Accountholder shall notify MSTS if the convenience of paying by EFT is preferred. If EFT is preferred, the Accountholder will have the choice of either authorizing MSTS to automatically deduct funds from its designated bank account, or submitting funds to MSTS via Accountholder-initiated EFT.
12. Accountholder shall make payments to MSTS or MSTS's designated agent as frequently as may be necessary to keep the Account balance within the line of credit and within payment terms. If Accountholder's bank or Accountholder for any reason should fail to timely pay any amount due MSTS, Accountholder understands and agrees that MSTS may immediately suspend or terminate all Accounts held by Accountholder and draw against any letter of credit or other security that might be held by MSTS on behalf of the Accountholder. If Accountholder's bank should fail to honor payment to MSTS or Accountholder's account becomes delinquent, MSTS may require immediate and full payment of all outstanding amounts, as well as the return of Accountholder's Cards or Account numbers. In the event that a payment made to MSTS or MSTS's designated agent is returned by the Accountholder's bank, MSTS reserves the right to charge a returned payment fee to the Accountholder's Account in the amount of \$50.00 or the maximum amount permitted by the law.
13. Accountholders have ninety (90) days from the billing statement date to dispute charges. All disputes must be received by MSTS in writing from the Accountholder within such ninety (90) day period. If an Account transaction is not disputed within ninety (90) days from the billing statement date, the Accountholder is liable for all charges related to the transaction.
14. This Agreement, any addendum(s), and any continuing guaranty, as may be required, is governed by the laws of the State of Texas, without reference to conflicts of laws principals, and it is agreed that jurisdiction of any legal action connected with this Agreement shall be exclusively in the state or federal courts located in the State of Texas. Notwithstanding the foregoing, MSTS may, at its option, choose to pursue legal action against the Accountholder in any state or province in which the Accountholder does business or where jurisdiction may otherwise be proper.
15. The Accountholder agrees that in the event of default, MSTS may institute suit against the Accountholder in aforesaid courts and that service of process by certified mail, return receipt requested, postage prepaid and addressed to the Accountholder shall be sufficient to confer jurisdiction of said courts, regardless of where the Accountholder is geographically located or does business.
16. In the event the Accountholder defaults on its obligations to MSTS, MSTS may offset any amounts owed to Accountholder by MSTS against any claims MSTS has against the Accountholder. Accountholder is and shall be liable to MSTS for all costs and expenses incurred by MSTS in collection and enforcing its rights hereunder, including but not limited to, late charges and reasonable attorneys' fees, if any, incurred by MSTS to collect all amounts due on Accountholder's Account.
17. The Accountholder represents and warrants to MSTS, with full knowledge that MSTS will be relying on the following, that:
  - (i) The person executing this Agreement on behalf of the Accountholder is:
    - (A) An authorized employee or agent of the Accountholder's company; and
    - (B) Duly authorized to execute and deliver this Agreement on behalf of the Accountholder; and
    - (C) Duly authorized to bind the Accountholder to the terms of this Agreement and to cause the Accountholder to perform its obligations hereunder.

(ii) This Agreement constitutes a legal, valid and binding obligation of the Accountholder, enforceable against the Accountholder in accordance with its terms.

(iii) The execution and delivery of this Agreement by the Accountholder and the performance by the Accountholder of its obligations hereunder is and will at all times be with full right and authority, be it corporate, partnership, limited liability company, and/or a government agency or entity, as applicable. All necessary, action has been taken by the Accountholder to authorize the consummation of this Agreement, be it a corporate, partnership, limited liability company, and/or a government agency or entity, as applicable.

18. This Agreement may be terminated by either party at any time by giving written notice to the other party. Upon termination, all Cards and Account numbers shall be immediately terminated and deactivated, and the Accountholder must immediately destroy all Cards or Account numbers in the possession or under the control of the Accountholder upon termination of this Agreement, Accountholder shall have the responsibility to pay all amounts due according to the agreed-upon payment terms.
19. If Cards or Account numbers are lost or stolen, it is the Accountholder's responsibility to call MSTS immediately at 1-888-97PARTS (1-888-977-2787) to prevent unauthorized usage. Account Numbers will be immediately terminated upon notification. Any unauthorized usage prior to this notification will be the Accountholder's responsibility. Accountholder must follow-up this telephone notification with written notification sent directly to MSTS, P.O. Box 10922, Shawnee Mission, KS 66225-9022, via email or through the program website.
20. Notwithstanding any other verbal or written communications or representations to the contrary, the Accountholder agrees that MSTS and its service providers may collect and use Accountholder's data for only purposes related to the Account and/or this Agreement. In addition, Accountholder agrees that MSTS may transfer any and all Accountholder data in MSTS's possession to PACCAR Parts, who will treat such information in accordance with its privacy policy.
21. PACCAR Parts Fleet Services is a registered trademark owned by PACCAR Parts Division.
22. Please retain this Agreement for future reference.

By signing below, applicant certifies all information provided to be true and correct, and agrees to be bound by the terms and conditions set forth in this Accountholder Agreement.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE FAX TO 1-888-343-0375 OR EMAIL TO [plpapplications@multiservice.com](mailto:plpapplications@multiservice.com) AND FORWARD SIGNED ORIGINAL TO:**

**PACCAR Parts Fleet Services Program Customer Support  
P.O. Box 10922, Shawnee Mission, KS 66225-9022**

PACCAR Parts Fleet Services Account is accepted by PACCAR Parts Fleet Services Dealer locations participating in the PACCAR Parts Fleet Services Program. The PACCAR Parts Fleet Services Program is for business and commercial use only.