



Date

Dear

Mike Albert Fleet Solutions ("MAFS") is one of the top fifteen national fleet leasing and management companies according to *Automotive Fleet* magazine. MAFS is a family owned and operated company with more than 70 years of experience in the automotive industry. We take great pride in servicing our clients as well as our shop vendors through our courteous and qualified professional staff.

We are pleased to invite your company to join our National Preferred Vendor Network Program, to provide your services to our clients under our Mechanical and/or Collision Repair programs. As a preferred vendor, we will recommend that our customers use your facilities to obtain the vehicle maintenance and/or repair services they need. In order to be added to our network, please do the following:

1. Review the *National Preferred Vendor Network Program Purchase Order Procedures*;
2. Complete the appropriate profile form(s) (*Body Shop Profile* and/or *Mechanical Shop Profile*);
3. Complete and sign the *Mike Albert Fleet Solutions National Preferred Vendor Network Program Terms and Conditions* agreement;
4. Complete and sign the *W-9* form, which is required by the Internal Revenue Service; and
5. **Include a copy of a *Certificate of Insurance* showing liability coverage.** Failure to provide proof of insurance will preclude your shop from being added to our preferred vendor network. If you do not have a copy, please contact your insurance company and request one.

When all the information is complete, please email, fax or mail this packet to MAFS at:

Email: [tracy.anders@mikealbert.com](mailto:tracy.anders@mikealbert.com)

Fax number: 513-956-2954

Mailing address - Mike Albert Fleet Solutions, 10340 Evendale Drive, Cincinnati, Ohio 45241, Attention: Fleet Maintenance Department

We have included a list of MAFS's references for your information. Should you require further assistance or have any questions, please feel free to contact me at 800-886-2086, ext. 22846

We look forward to doing business with your company.

Respectfully yours,

Tracy Anders

Mike Albert Fleet Solutions

Fleet Maintenance Coordinator

Office: 800-886-2086 ext. 22846



MIKE ALBERT VEHICLE FLEET MANAGEMENT

National Preferred Vendor Network Program Terms & Conditions

("the Vendor") would like to participate in the Mike Albert Vehicle Fleet Management ("MAVFM") National Preferred Vendor Network Program. The Vendor understands that it must obtain a purchase order from MAVFM prior to performing any maintenance or repair. Failure to obtain a valid purchase order will result in the work performed being treated as unauthorized; MAVFM will be under no obligation to pay the Vendor for such unauthorized work. Any disputes involving payment for maintenance and/or repair work will be conducted solely between the Vendor and MAVFM and will not involve MAVFM's customers.

The Vendor will submit invoices to MAVFM for payment for properly authorized maintenance and/or repair services the Vendor has provided to MAVFM's customers. MAVFM's standard payment terms are net 15 of Invoice date. If other terms are needed, please indicate on the line below.

Table with 2 columns: Description, Discount %. Row 1: a. Total invoice amount, excluding sales tax, 10%

Note: Discounts will not be applied to sales tax or sublets such as towing.

We are asking for you to allow us a 10% off invoice discount. If this discount is not agreeable to you, please call me directly. The discount is not mandatory and your shop will still be able to be used by our customers even if a discount is not offered. As drivers contact our MAVFM call center to locate repair shops in your area, our staff will place priority on sending drivers to shops that do offer us a discount. If you agree to allow us a discount, it should not be reduced on your invoice. Our system will be setup to automatically take the discount as payment is made by short paying the invoice.

The Vendor will not disclose the discounts offered to MAVFM on any estimates or repair orders/invoices presented to MAVFM's customers.

The Vendor agrees that there will be no storage charges for 30 days. - In the event that a vehicle brought to the Vendor is determined to be a total loss or repairs are declined, the Vendor agrees that there will be no storage fees charged to MAVFM or its customers. There may be a need to send an independent appraiser to evaluate repair estimates. The Vendor agrees to permit such a review. The Vendor understands that MAVFM is the only one authorized to make a judgment on a repair or a supplement pertaining to the repair of MAVFM's vehicle. Drivers cannot authorize repairs.

Form with fields: Company Name, Business Address, City, State, Zip Code, Telephone Number, Fax Number, Authorized Signature, Name (please print), Title, Date.

Please email this agreement to tracy.anders@mikealbert.com or fax to 513-956-2954



## NATIONAL PREFERRED VENDOR NETWORK PROGRAM PURCHASE ORDER PROCEDURES

Mike Albert Fleet Solutions ("MAFS") purchase order system is used to help our clients get full value for their maintenance dollar by ensuring that scheduled maintenance intervals are properly observed and only appropriate work is performed. Please observe the following procedures associated with our purchase order system:

1. When a driver arrives at your facility for service, obtain the following information before calling for a purchase order:
  - a. Name of driver's company;
  - b. Vehicle's **VIN**;
  - c. Year, Make, Model of the vehicle;
  - d. Current mileage;
  - e. Driver's concerns; and
  - f. **An estimate of the work that needs to be done.**
2. Please make sure that this information is legible on your repair order or invoice to insure proper handling.
3. Call toll free 800-886-2086 or local in Cincinnati 513-554-2886 and follow the prompts for repair vendors to obtain a purchase order number. **REMEMBER, ONLY MAFS** can give authorization for maintenance and/or repair work to be done. **Fleet drivers do not have the authority to authorize services if they are being billed to MAFS.** In addition, maintenance management preventive maintenance schedules are issued to all participating client vehicles and each driver should present this schedule to you when the vehicle is brought in. If the driver does not provide this to you, please ask the driver for it. If the driver does not have one, it will be necessary for your shop to call us on the toll free number to verify the vehicle VIN and secure the payment purchase order.
4. **All repair invoices submitted for payment should include the vehicle number, VIN number, mileage and purchase order number. All repair invoices should be invoiced to MAFS within 60 days of service date. Failure to do so could delay or deny the payment process and may be treated as unauthorized work for which you will not be paid. We do not pay from statements.**



**PREFERRED VENDOR NETWORK PROGRAM MECHANICAL SHOP PROFILE**

Company Name:		
Business Address:		
City:	State	Zip:
Telephone #:	Fax #:	
Email:	Web Page Address:	
Owners Name:	Telephone #:	
Service Manager's Name:	Telephone #:	
Billing Address (If different from above):		
City:	State:	Zip:
Telephone #:	Fax #:	

Shop Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Service Bay Count:	Height:					
Rates: Mechanical Labor \$ _____ per hour						
Warranties Provided:	Parts _____ mos. Or _____ miles					
	Labor _____ mos. Or _____ miles					

Please mark all of the following that apply			
<input type="checkbox"/> Employ ASE technicians	<input type="checkbox"/> Own a tow truck	<input type="checkbox"/> Use outside source for towing	<input type="checkbox"/> Free loaner vehicles
<input type="checkbox"/> Diagnostic equipment	<input type="checkbox"/> Alignment Machine	<input type="checkbox"/> Mobile Service	<input type="checkbox"/> Free pick up/delivery
<input type="checkbox"/> Free Towing			
Mechanical Services			
<input type="checkbox"/> Tires	<input type="checkbox"/> Preventative Maintenance	<input type="checkbox"/> Major Mechanical Repairs	<input type="checkbox"/> A/C Repairs
<input type="checkbox"/> Transmission Repairs	<input type="checkbox"/> Differential Repairs	<input type="checkbox"/> Diesels	<input type="checkbox"/> State Inspections
<input type="checkbox"/> DOT	<input type="checkbox"/> Other:		



Please place a check mark by each type of vehicle on which you are able to perform repairs

Trucks:	<input type="checkbox"/> Light Duty	<input type="checkbox"/> Medium Duty	<input type="checkbox"/> Heavy Duty	<input type="checkbox"/> Off Road Equipment	<input type="checkbox"/> Other	
Domestic Cars:	<input type="checkbox"/> Buick	<input type="checkbox"/> Cadillac	<input type="checkbox"/> Chevrolet	<input type="checkbox"/> GMC	<input type="checkbox"/> Oldsmobile	<input type="checkbox"/> Pontiac
	<input type="checkbox"/> Chrysler	<input type="checkbox"/> Dodge	<input type="checkbox"/> Plymouth	<input type="checkbox"/> Ford	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Mercury
Import Cars:	<input type="checkbox"/> Honda	<input type="checkbox"/> Isuzu	<input type="checkbox"/> Mazda	<input type="checkbox"/> Nissan	<input type="checkbox"/> Subaru	<input type="checkbox"/> Toyota
	<input type="checkbox"/> Other					

Mike Albert Fleet Solutions is committed to equal employment opportunity. In addition, Mike Albert Fleet Solutions attempts to use minority and/or female owned enterprises where possible. Please place a check mark to all that applies to shop ownership:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White

Insurance Information

Name of Insurance Company:		Agents Name:	
Policy #:	Effective Date:	Termination Date:	
Note: You are required to show proof of insurance. Please enclose a copy of your insurance certificate for our records.			



RE: ACH Vendor Payment

If you would like to take advantage of current technology and promote efficiencies in our payment processes, we have the capability of implementing an electronic vendor payment program through PNC Bank. This program will enable you to receive our payment via electronic funds transfer in lieu of checks. You will benefit from having your payments deposited directly to your bank account with funds available for immediate use.

Payments will be transferred electronically through the Automated Clearing House (ACH) to your bank account.

To take advantage of having your payments deposited to your bank account, please complete the attached information and authorization form and Fax to 513-554-2996 or mail to:

Mike Albert Fleet Solutions  
10340 Evendale Drive  
Cincinnati, OH 45241  
Attn: TREASURY DEPARTMENT

Sincerely,

**MIKE ALBERT FLEET SOLUTIONS**

Fleet Maintenance Department



Mike Albert Fleet Solutions is requesting payments for invoices submitted by Electronic Funds Transfer (EFT) through the Automated Clearing House (ACH.) Network and/or Federal Reserve Wire System.

I certify that I have selected the following financial institution to receive such payments on its behalf and I direct that all such electronic funds transfers be made as provided below:

Vendor Name: \_\_\_\_\_

Your Financial Institution Name: \_\_\_\_\_

Your Financial Institution City and State: \_\_\_\_\_

Routing and Transit Number: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Your account qualifier (please circle one)    Checking                  Savings

For verification purposes, you must provide a copy of a voided check or a letter from your bank for the account listed above or an ACH setup cannot be established.

I will give (30) days advance, written notice to Mike Albert Fleet Solutions of any changes in financial institution or other payment instructions.

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

Phone Number: \_\_\_\_\_

By: \_\_\_\_\_ (authorized signature)

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

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

Bank Account Number: \_\_\_\_\_

Please indicate how and where payment remittance should be sent when a payment is issued.

Send remittance by:

Fax: \_\_\_\_\_ Attn: \_\_\_\_\_

Email Address: \_\_\_\_\_ Attn: \_\_\_\_\_



Important Notice: Effective Immediately

Mike Albert Fleet Solutions is implementing an images & document management system that will allow for more efficient processing of vendor invoices for payment.

- Option 1 – email Mike Albert Fleet Solutions  
maintm@mikealbert.com  
Subject line: Fleet Maintenance Billing Dept.
- Option 2 10340 Evendale Drive  
Cincinnati, OH 45241  
Attn: Fleet Maintenance Department
- Option 3 Fax#: 513-554-2996  
On the attention or subject line, please enter Fleet Maintenance Billing Dept.

Invoices submitted for payment that fail to meet the above criteria could cause delay in the payment process.