



NEW CUSTOMER FORM (Dealers and Fleet Service Only)

CUSTOMER INFORMATION

Business Name: _____ Yrs in business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____ Other: () _____

Primary Contact: _____ Title: _____

Alternate Contact: _____ Title: _____

Account Payables Contact: _____

EMAIL: _____ (required)

DEALER PRICING SCHEDULE

Dealer Program A B Lease Option

Hardware Description: _____ Unit Cost: \$ _____ Monthly Service Fee: \$ _____

1yr Service Included. 20 units per unit polled

Internet Tracking Account Setup

Please select your login information.

Username: _____

Password: _____

Please Fax or Mail completed form to:

ProTrackGPS Inc.
17606 N. 17th Pl. S-1124
Phoenix, AZ 85022
Fax: 602.485.3990

Confidential
Cc. SCA/File