

# NISSAN NORTH AMERICA, INC. APPLICATION FOR NNA FLEET CERTIFICATION NUMBER



NEW CERTIFICATION #:

## SECTION 1 – CERT NUMBER REQUEST (TO BE COMPLETED BY COMPANY APPLICANT)

NAME OF COMPANY		AUTHORIZED COMPANY CONTACT NAME/TITLE			
FEDERAL TAX ID# (TIN REQUIRED)		CHECK APPROPRIATE BOX: <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> C CORP <input type="checkbox"/> S CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LLC <input type="checkbox"/> OTHER (DESCRIBE)			
AUTHORIZED COMPANY SIGNATURE		TELEPHONE		EMAIL	
STREET ADDRESS		CITY		STATE	ZIP

Note: All subsidiaries, franchisees and buying divisions of applicant must be listed and attached to this enrollment form if the total number of vehicles operated listed on this application listed below include those operated by said entity.

1. ☐ Applicant agrees to register the vehicle **in the name of the company** and keep Nissan vehicles in fleet service a minimum of six months.
- 2a. ☐ Applicant has five or more vehicles registered in the name of the company (check one box below if 2a box has been checked):
  - ☐ BUSINESS FLEET, COMMERCIAL  
-OR-
  - ☐ LEASE MANAGEMENT COMPANY  
-OR-
  - ☐ DAILY RENTAL COMPANY  
-OR-
  - ☐ DAILY RENTAL COMPANY, LICENSEE
- 2b. ☐ Applicant has five or more vehicles registered in the name of franchisor or franchisee(s) company (check one box below if 2b box has been checked):
  - ☐ BUSINESS FLEET, COMMERCIAL FRANCHISOR  
-OR-
  - ☐ BUSINESS FLEET, COMMERCIAL FRANCHISEE
3. ☐ Applicant is a Government Agency or Public Utility with no quantity requirement.

TOTAL NUMBER OF CARS	TOTAL NUMBER OF TRUCKS	TOTAL INCENTIVE OFF-INVOICE YES <input type="checkbox"/> NO <input type="checkbox"/>	ACH/EFT (FORM REQUIRED) YES <input type="checkbox"/> NO <input type="checkbox"/>	LEASE MGT COMPANY YES <input type="checkbox"/> NO <input type="checkbox"/>	INCENTIVE ASSIGNMENT (COMPLETE SECTION 2) YES <input type="checkbox"/> NO <input type="checkbox"/>
PARENT FRANCHISOR NAME (IF APPLICABLE)			PARENT FRANCHISOR CERT#	TOTAL # OF FRANCHISEES	

## SECTION 2 – INCENTIVE ASSIGNMENT REQUEST (TO BE COMPLETED BY COMPANY APPLICANT)

Please direct all incentive payments for eligible vehicles on this cert request via electronic funds or check to:

DEALERSHIP/ACCOUNT/FLEET MGT COMPANY		TELEPHONE			
ASSIGNEE CONTACT NAME		ASSIGNEE CONTACT EMAIL			
STREET ADDRESS		CITY		STATE	ZIP
*AUTHORIZED COMPANY SIGNATURE					

**\*This signature authorizes Nissan North America, Inc. to direct all incentive payments for eligible vehicles on this cert request via electronic funds or check to the company information listed in this section.**

**NISSAN NORTH AMERICA, INC.**  
**APPLICATION FOR NNA FLEET CERTIFICATION NUMBER**



*Please consider our application for NNA Fleet Certification Number.  
We have read the eligibility requirements and believe we are qualified.*

**SECTION 3 – TO BE COMPLETED BY LEASE MGT COMPANY OR DEALERSHIP (IF APPLICABLE)**

NAME OF LEASE MGT COMPANY	LEASE MGT COMPANY CONTACT NAME
LEASE MGT COMPANY EMAIL	LEASE MGT COMPANY PHONE

**OR**

DEALERSHIP NAME	DEALER NO.	DEALERSHIP CONTACT NAME
DEALERSHIP CONTACT EMAIL	DEALERSHIP CONTACT PHONE	

**PLEASE EMAIL OR FAX COMPLETED FORM TO: NISSAN NORTH AMERICA, INC. NATIONAL FLEET DEPARTMENT**  
**EMAIL: [HOWARD.BELL@NISSAN-USA.COM](mailto:HOWARD.BELL@NISSAN-USA.COM) or [THERESA.WEBB@NISSAN-USA.COM](mailto:THERESA.WEBB@NISSAN-USA.COM)**  
**FAX: (615) 725-6234**

**SECTION 4 – TO BE COMPLETED BY NISSAN NORTH AMERICA, INC.**

NISSAN NORTH AMERICA, INC. (NNA), when acknowledged below, will recognize the above named applicant as an NNA Qualified Fleet Account and issue to the applicant a NNA Fleet Certification Number. Certification is subject to spot reviews, and accounts may be decertified if found they no longer meet eligibility requirements or if they have violated the registration or in-service time agreements.

NNA FLEET DEPARTMENT APPROVAL SIGNATURE	DATE
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