



CONTACT INFORMATION UPDATE FORM

Instructions: Use this form to update your company contact information and to update your broker contact information if applicable. You will have 45 days to complete this form. If you have any questions, contact the Fleet Unit at (212) 291-2577 or by e-mail at: FleetRental@finance.nyc.gov

BUSINESS NAME

1. FLEET ID:	2. BUSINESS NAME:
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BUSINESS CONTACT INFORMATION:

1. BUSINESS ADDRESS:		
CITY:	STATE:	ZIP:
2. MAILING ADDRESS:		
CITY:	STATE:	ZIP:
3. PRIMARY CONTACT FIRST NAME:	PRIMARY CONTACT LAST NAME:	
4. PRIMARY CONTACT TELEPHONE:	5. PRIMARY CONTACT EMAIL: (REQUIRED)	
6. SECONDARY CONTACT FIRST NAME:	SECONDARY CONTACT LAST NAME:	
7. SECONDARY CONTACT TELEPHONE:	8. SECONDARY CONTACT EMAIL:	
9. THIRD CONTACT FIRST NAME:	THIRD CONTACT LAST NAME:	
10. THIRD CONTACT TELEPHONE:	11. THIRD CONTACT EMAIL:	

BROKER CONTACT INFORMATION (IF APPLICABLE)

1. BROKER COMPANY NAME:		
2. BUSINESS ADDRESS:		
CITY:	STATE:	ZIP:
3. PRIMARY CONTACT FIRST NAME:	PRIMARY CONTACT LAST NAME:	
4. PRIMARY CONTACT TELEPHONE:	5. PRIMARY CONTACT EMAIL:	
6. BROKER TELEPHONE:	7. EMAIL (REQUIRED):	

AUTHORIZATION - SELECT THE ACTIVITY THAT EACH PARTY IS AUTHORIZED TO PERFORM

ACTIVITY TYPE	RECEIVE REFUNDS (Choose One Only)	RECEIVE REPORTS	MAKE PAYMENTS	MANAGE PLATES
COMPANY				
BROKER (IF APPLICABLE)				

SIGNATURE AND CERTIFICATION:

NOTE: ONLY AUTHORIZED PERSONNEL ARE ELIGIBLE TO COMPLETE THIS FORM

I, _____ hold the position of, _____ and I attest to the truth of these facts.

Authorized Company's Official Signature