

**Mike Albert Leasing, Inc.**  
**National Preferred Vendor Network Program**  
**Mechanical Shop Profile**

**Contact Information:** Company Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Web Page Address: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Service Manager's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Billing Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Shop Hours:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

**Service Bays:** # \_\_\_\_\_ Height: \_\_\_\_\_ ft.

**Rates:** Mechanical Labor: \$ \_\_\_\_\_ per hr.

**Warranties Provided:** **Parts** \_\_\_\_\_ mos. or \_\_\_\_\_ miles **Labor** \_\_\_\_\_ mos. or \_\_\_\_\_ miles

**Please place an "X" next to all of the following that apply:**

Employ ASE technicians  Own tow truck  Use outside source for towing  Free loaner vehicles   
Diagnostic Equip.  Alignment Machine  Mobile Service  Free Pick-up/Delivery  Free Towing

**Mechanical Services:** Tires  Preventive Maintenance  Major Mechanical Repairs (engines, etc.)   
A/C Repairs  Transmission Repairs  Differential Repairs  Diesels  Other \_\_\_\_\_

**Please place an "X" next to each type of vehicle on which you are able to perform repairs:**

**Trucks:** Light Duty  Medium Duty  Heavy Duty  Off Road Equipment  Other \_\_\_\_\_

**Domestic Cars:** Buick  Cadillac  Chevrolet  GMC  Oldsmobile  Pontiac  Chrysler   
Dodge  Plymouth  Ford  Lincoln  Mercury

**Import Cars:** Honda  Isuzu  Mazda  Nissan  Subaru  Toyota  Other \_\_\_\_\_

**MAL is committed to equal employment opportunity. In addition, MAL attempts to use minority and/or female owned enterprises where possible. Please place an "X" next to all that applies to shop ownership:**

Male  Female  American Indian or Alaskan Native  Asian  Black or African American   
Hispanic or Latino  Native Hawaiian or Other Pacific Islander  White

**Insurance Information:** Name of Insurance Company: \_\_\_\_\_  
Agent's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
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.**