



2010 CCJ'S Five Flashiest Fleets Entry Form

Information regarding the company owning or operating the fleet:

Company Name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Number of Bodies/Trailers in Fleet: _____ Number of Bodies/Trailers with Graphic Design: _____

Information regarding the designer(s) of the graphics:

Company Name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Information regarding the producer(s) of the graphics:

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

Telephone: _____ E-Mail: _____

CERTIFICATION: I certify that I am either (1) an employee or manager of the fleet operating the graphics or (2) submitting this entry on the fleet's behalf with its knowledge and approval. I further certify that all information submitted is accurate to the best of my knowledge and that I have read and adhered to the "Official rules and guidelines."

Signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

Phone: _____ **E-mail:** _____

Entries must be postmarked or e-mailed by Thursday, September 30, 2010