



## FLEET WASH APPLICATION

BUSINESS NAME :			
BUSINESS ADDRES	SS:		
	•		
TELEPHONE:			
FAX:			
EMAIL:			
BUSINESS CONTAC	T:		
CONTACT PHONE:			
CIRCLE FLEET TYPE	E: CC ON FILE	<b>BILL MONTHLY</b>	ACH TRANSFER
Credit Card #			
Exp Date	V-CODE		
Bank Account #			
Routing #			
HOW MANY VEHICLES DO YOU HAVE TO SERVICE?			
HOW MANY WASHES WILL YOU USE PER MONTH?			
NOTE: For applications that choose the billing option, statements are mailed out at the end of every month.  You have 30 days from the date of the statement to make payment(s) for services rendered.			
Any balance unpaid after 30 days will be assessed a finance charge of 1.5% per month, 18% APR. Any			
account left unpaid for more than 90 days will automatically be turned over to collections and the account			
will be closed. You will also be responsible for any fees that occur during the collection process.			
Authorized Signature:			
Please list below any service	es that you do not want us to perform o	or any other restictions you wo	uld like us to follow

For any questions, please call 541-857-9274 or email us at info@cratercarwash.com