

Local Commercial Fleet Application

Date: _____
Company Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____ E-mail Address: _____
Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietor _____ Other _____
How Long in Business: _____ Sales/Use Tax Exempt: Yes _____ No _____ Sales/Use Tax Certificate #: _____ *

*SEND COPY WITH APPLICATION

Payment Method (circle one): Cash/Check Mastercard/Visa/Discover/Amex Open Charge

Special Billing Instructions: _____

Accounts Payable Contact: _____ Phone Number: _____ **P.O. required with each service? Yes ___ No ___**

Owners/Officers

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Bank Reference

Financial Institution: _____ Account Number: _____

Address: _____

Contact: _____ Phone Number: _____

Business References

Company: _____ Company: _____

Address: _____ Address: _____

Contact: _____ Phone Number: _____ Contact: _____ Phone Number: _____

I authorize Victory Lane Car Wash and it's representatives to verify the above information.

Owner/Officer Signature: _____ Date: _____

Fleet Information

Fleet Maintenance Contact Person: _____ Phone Number: _____

Number of Vehicles in Fleet: _____

Authorized Vehicle Listing

Make	Model	Year	License	Persons authorized to receive services:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Instructions/Restrictions: _____

*If more space is required, please provide additional information on a separate sheet and send with application

Services Authorized: _____

Notes: _____

