



SPOTFREE CAR WASH

“Where a Clean Car is a Happy Car”

2401 M.L. King Jr. Pkwy. ♦ 3535 Merle Hay Rd. ♦ 3104 Indianola Ave. ♦ 1437 E. 14th St.
www.spotfreecarwash.com ♦ 515.255.0110 Fax 515.981.5178 ♦ sales@spotfreecarwash.com
Mail address: 2401 M.L. King Jr. Pkwy. Des Moines, IA 50310

FLEET ACCOUNT APPLICATION

Business Name _____ Contact Name _____

Business Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Fax Number (____) _____ E-mail _____

Type of Business **Sole Proprietor** **Partnership** **Corporation** **LLC** **Non-Profit**
List Federal ID number: _____ Are you a tax exempt organization **Yes** **No**

TRADE REFERENCES:

BUSINESS NAME	CONTACT PERSON	ADDRESS	PHONE
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

How many years has company been in business: _____

TERMS:

All Post-Pay accounts are Net 30 Days from Invoice date. A service charge not to exceed 2% per month will be applied to all past due accounts. \$2.50 minimum service charge.

Authorized Signature _____ Date _____

This signature authorizes the payment of charges on the said account each month and authorizes Spotfree Car Wash to check references. This person must be an officer of the company or an approved purchase agent.

Please list the names that you would like on cards

- Name on Card
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

FOR OFFICE USE ONLY:

Account #	Select or Fixed Wash
_____	_____
_____	_____
_____	_____
_____	_____

If more cards needed, just attach a list.

PLEASE RETURN COMPLETED FORM TO OUR OFFICE.

FOR OFFICE USE ONLY:

- Fleet Card Tokens
- Group Account Individual Account Group Acct. # _____
- Pre-Pay Post-Pay