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**Lite Touch Auto Wash & Pennzoil Service Center**

2640 Wilma Rudolph Blvd

Clarksville, TN 37040

931-645-9409

The following information is required to establish an account with Lite Touch Auto Wash & Pennzoil Service Center.

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Legal name of business Federal EIN or Social Security Number

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DBA name

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Street address PO Box

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City State Zip Code  
(      ) -

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Phone Number Contact Person

**Mailing Address** (if different from above)

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Street address PO Box

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City State Zip Code  
(      ) -

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Phone Number Contact Person

**Personal Information:**

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Name of person responsible for the account Title Social Security Number

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Home address

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Street address PO Box

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City State Zip Code  
(      ) -

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Home Phone Number

Please list vehicle tag numbers that will be eligible to charge to the account

Vehicle Number	State of Registration	Tag Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use an additional page if necessary

Our fleet and payment Terms are:

- Clients may use any of our facilities
- 4 vehicle minimum
- Billed monthly
- Payments are due by the 10<sup>th</sup> of the month
- Interest will be charged to outstanding balances on accounts that are not paid by the 30<sup>th</sup> of the same month.
- Returned checks receive a \$40 bad check charge. If payment arrangements have not been made within 30 days the check will be turned over to a collection agency. All fees associated with collections will be charged to the account by the agency.

By signing below you acknowledge that the information you have supplied is correct to the best of your understanding and that you agree to the terms of our fleet program. By signing you also give Lite Touch Auto Wash & Pennzoil Service Center permission to verify information associated with this contract.

Print Name/title

Signature

Date

**Office Use Only**

Credit Verified	YES	NO	Date: _____
Approved	YES	NO	Date: _____
Vehicles set up in system	YES	NO	Date: _____
Reviewed By: _____	Print Name	Title	Date
Signature _____			Date _____