Soft Touch Car Wash Fleet Account Application

-Name of Business to be charged monthly			
	Act. # Assigned by Soft Touch		
(One billing department per account)	,	Assigned by Soft Touch	
-Person responsible for this account (Print)			
-Phone#Email for Invoicing (accoun	ts payable)		
-Business Address			
I agree to pay all charges within net 30 days after receiving	g the invoice by en	nail from AR@Softt	ouchnola.com
If there are any changes to my account information, I will in	nform managemen	t at Soft Touch Ca	r Wash LLC
to avoid any problems with payments. I may be responsible	e for paying collec	tion fees if the acco	ount is sent to
collections.			
Authorized Person's Signature:		Date:	
Services allowed to be charged on this account: check one	Persons allowed to charge on account: check one		
Brake Tags ONLY	Any Employee with company ID		
Vehicle Maintenance services ONLY		Authorized Employee	
ALL services	issued	Fleet Cards (fill out t	form below)
Fleet Card Holders: First & Last names and /or Vehicle ID (All charges made by these cardholders will be charged to the account specified above)		<mark>4-digit</mark> PIN #	Fleet Card ID #'s (assigned by ST)
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