

GEAR WASH, LLC

657 S. 72nd Street, Milwaukee, WI 53214 * Phone: 866-657-0111 * Fax: 414-918-4727

APPLICATION FOR A BUSINESS ACCOUNT

ORGANIZATION CONTACT INFORMATION

Organization Name:

Billing Contact/Title:

Phone:

Fax:

E-mail:

Main Address:

City:

State:

ZIP:

Tax Exempt? Yes No (*Circle One*) If Yes, attach Tax Exempt Certificate to application

Tax Exempt #:

BILLING & SHIPPING INFORMATION

Bill To Address:

Address:

City:

State:

ZIP:

Attention To:

Phone:

Fax:

E-mail:

*Invoice Email Address:

Ship To Address:

Address:

City:

State:

ZIP:

Attention:

*Shipping Email Notification Address:

CREDIT CARD INFORMATION

Please provide credit card information if you would like to charge services on a case-by-case basis. The card will not be charged for services without prior approval.

Type of Card: VISA ____ MASTERCARD _____ DSICOVER _____

Name On Card:

Card Billing Address:

City:

State:

ZIP:

Card Number:

Expiration Date:

Security Code:

AGREEMENT

1. All invoices are to be paid NET 30 days from the date of the invoice.
2. Claims arising from invoices must be made within ten working days.
3. By signing and submitting this application, you agree to all payment terms per Gear Wash credit policies.

SIGNATURE

ORGANIZATION:

Signature: _____

Name: _____

Title: _____

Date: _____