



**www.5StarAutoSpa.net**  
555 Adams Drive  
Winchester, Virginia 22601  
540.667.6661

## **Fleet Account Agreement**

**(Fleet Account customers receive a 20% discount on all services listed below)**

### **Billing Information**

Business Name: \_\_\_\_\_

Contact Name : \_\_\_\_\_

Billing  
Address: \_\_\_\_\_

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Email Address : \_\_\_\_\_

Tax ID #: \_\_\_\_\_

### **Fleet Card Information**

Number Of Vehicles in Fleet (Minimum of 2): \_\_\_\_\_

Number of Cards Requesting : \_\_\_\_\_

Four Digit Pin # (recommended as a security feature/ can't start with "0"):

\_\_\_\_\_

### **What services would you like us to offer on your fleet account? (Call for pricing)**

(items *excluded* from the fleet discount are: vortex spray-on bedliners, window tinting, windshield crack repair, leather/vinyl repair, paintless dent repair, and our 20 min. express services)

\_\_\_\_\_ Washes Only (Basic Wash, Deluxe Wash & 5 Star Wash)

\_\_\_\_\_ Washes, and Express Details (Exterior Exp, Interior Exp., and The Works)  
(limos are prohibited from using the express detail services, due to the size of the vehicles)

\_\_\_\_\_ Full Detail Services (Hand Wash &/or Wax, other Full Service Detail packages)

Other (Pick and Choose which services you'd like): \_\_\_\_\_

**How would you like to Pay your Fleet account bills?**

\_\_\_\_\_ Bill Me    \_\_\_\_\_ Credit Card (info. below)

**Credit Card Information**

Type of Card (circle):            AmEx            Mastercard            Visa            Discover

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

Three Digits on Back: \_\_\_\_\_

**Terms Net 30 Days**

**By signing this form you agree to the following:** Paying your balance in full within **30 Days**. For 5 Star Auto Spa to charge your credit card for the total amount of your bill if you chose Credit Card as your preferred method of payment. If payment is more than **10 days past due** there will be a \$25.00 charge. When payment is more than 10 days late you give us permission to charge your credit card listed above, or your account, for the total billed amount plus the **\$25.00 late fee**. If payment is made by check and the check is returned for any reason from the bank there is a **\$25.00 returned check fee**. If you agree to these terms please sign below.

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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