

**PRIDE Truck Wash LLC**  
**New Charge Account Application**

Legal Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Billing Address:**

Street, Rt, PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Company Information:**

# of trucks operating: \_\_\_\_\_ Estimated # of trucks to be washed per month: \_\_\_\_\_

**If Individual Owner:**

Full Name: \_\_\_\_\_

Street, Rt, P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Mobile #: ( ) \_\_\_\_\_

**If Partnership, List Partners:**

Full Name: \_\_\_\_\_

Street, Rt, P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Mobile #: ( ) \_\_\_\_\_

**If Corporation:**

Legal Corp. Name: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Trader References (Accounts that have current credit standings with.)**

1.)

2.)

1.) Name of Bank: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

Street, Rt, P.O. Box: \_\_\_\_\_ Street, Rt, P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2.) Would you like to have a purchase order or authorization required for washing services?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the phone number and contact person: ( ) \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_

Invoicing will be monthly by either mail \_\_\_\_\_ fax \_\_\_\_\_ or email \_\_\_\_\_. Please mark which you prefer.

*Payment Terms: Net 30 days. After 30 days a 1.5% service charge will be added. After 60 days a 3.5% service charge will be added. Customer will be responsible for all professional and late fees towards their delinquent account.*

*Please mail payments to P.O. Box 284 Franklin, KY 42135*

**3.) The undersigned authorizes PRIDE Truck Wash LLC and attorneys to use the above information to check on business or personal credit standing. YOUR INFORMATION WILL REMAIN PRIVATE.**

**Name (Printed):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please sign and fax the completed form to Lisa @ (270) 778-0004.*

Jay Bryant

Owner/President

**PRIDE Truck Wash LLC**

Email: jay@pridetruckwash.com

**www.pridetruckwash.com**

Please visit our website for a list of all locations