

**GEAR WASH, LLC**

657 S. 72<sup>nd</sup> 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: \_\_\_\_\_