



Application for Corporate Account

Please PRINT form and Fax to (518) 382-0650 or Mail to:

Colonial Car Wash, 4017 B State Street, Schenectady, NY 12304, FAX: (518) 382-0650

Name of Company:		P.O. # Required ()	
Billing Address:			
City:		State:	ZIP:
Person to Contact:			
Phone:		Fax:	
Delivery Address (if different from above):			
Bank Reference:			
1. Checking:	Bank Name	Address	Acct.#
2. Other:	Bank Name	Address	Acct.#

Trade References:

Name:	
Contact:	Phone:
Address:	
Name:	
Contact:	Phone:
Address:	
Name:	
Contact:	Phone:
Address:	
Name:	
Contact:	Phone:
Address:	

<i>Office Use Only</i>	
Type of Account: () House Charge# _____ () Fleet Coupons () Purchase Orders ONLY	
Estimated Monthly Volume: \$ _____	
Price Quoted: () F/S \$ _____ ea. () Exterior w/TD \$ _____ ea.	
() Other - specify: _____ \$ _____ ea	