

## LIGHTHOUSE EXPRESS FLEET CREDIT CARD APPLICATION

1245 Scenic Hwy
Lawrenceville, GA 30045
Phone: 678.487.7716 Office: 770.972.8810 Fax: 770.972.8838

Web: Lighthouse Express Car Wash.com

SECTION 1: COMPANY INFORMATION					
Parent Company Name:					
D/B/A (Show Comopany Local Business Name):	Date Business Started:	Contact:			
		Phone:			
		Fax:			
Billing Address:					
City/State:	ZIP Code:	E-mail:			
FEIN #:	Corporation   Partnership	I Government □ Non-Profit □ Other □			
Tax Status from Lighthouse Express: Taxable Exempt Exemption #					
SECTION 2: CREDIT CARD AUTOBILLING (PROCEED BY THE 3 <sup>RD</sup> OF EACH MONTH)					
Name on Card:	Card Number:				
Type of Card: AMEX □ Visa □ MasterCard □	Exp Date: /	Card Verification Value(3-4 digits):			
Billing Address (if different than above):					
City:	State:	ZIP Code:			
SECTION 3: BANKING INFORMATION (INVOICE SENT BY THE 3 <sup>RD</sup> OF EACH MONTH)					
Bank Reference / Branch:					
Type of Account:	Account #:	Loan Officer:			
Credit References Past & Present Company Name, Contact, Address, City, State, ZIP, Phone:  1.					
2.					
As an owner or principal officer of the business applicant (the Company) and/or as an officer authorized to sign credit instruments for the Company named in this application, I authorize Lighthouse Express Car Wash to obtain any information it may request from a business or consumer reporting agency(ies) or other sources that provide credit reports, account history reports, credit and employment history, or similar information, under the names and social security numbers of any and all owners and/or officer I provide. The undersigned applicant certifies that the information given is correct and complete, and further agrees to permit Lighthouse Express Car Wash to use this information to obtain additional required credit information. If, after reviewing all credit information, this applicant is approved, it is agreed and understood by the undersigned and Lighthouse Express Car Wash that all purchases made on open account will be <b>PAID IN FULL</b> on or before the 20 <sup>th</sup> day of the month following the date of the purchase. No unpaid account will be increased after the 20 <sup>th</sup> day, unless by special agreement. Further, any account which has an unpaid balance at the end of the month in which payment was due will be assessed a finance charged on the unpaid portion at the highest rate allowable by applicable law until such time as the account has been brought current. In the event Lighthouse Express Car Wash employs an attorney or collection agency to collect any amount due from applicant, the applicant shall be responsible for all costs of collections including (without limitation) attorney's fees, court costs, and any contingency fees paid to a collection agent.					
Authorized Signature Prin	nt Name S	ocial Security Number Date			
Company	ompany Title				
SECTION 4: PERSONAL GUARANTEE					
I,(print name), residing at					
Authorized Signature Prin	nt Name S	ocial Security Number Date			



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FOR OFFICE USE ONLY:				
Account #:	Reference Verified:	Y N	Credit Limit:	
Account Manager	Account no.	Current balance		Monthly payment
Account Manager:				