



#1 Riverfront Pl. • Ste 615 • North Little Rock, AR 72114 • 501.378.0100 • 501.378.0102 • www.boomerangcarwash.com

FLEET PROGRAM APPLICATION

01.09

Company Name _____ Date _____

Contact Name _____ Federal Tax ID _____

Address _____

State _____ ZIP Code _____ Phone Number _____

Fax Number _____ E-mail Address _____

Number of Cars in Fleet _____ Number of Cards Requested _____

PIN options:

- 1. No PIN – (We recommend that all cards should have a PIN for security purposes in case of lost or stolen cards.)
- 2. All cards have the same PIN (Selected by the Customer or assigned by the system)
- 3. Individual Card PIN
 - a. Cards may have a specific PIN requested by the customer. (Please provide an attached list for system administrator)
 - b. Cards can be assigned random PIN by the system.

PIN Yes _____ No _____ (if Yes, circle above the option that applies)

Level of Wash _____ Good/\$6 _____ Better/\$9 _____ Best/\$12 _____ All Washes _____

Circle all that apply. This decision is account-wide, and selection is applied to all cards on the account.

Locations Desired _____ Oklahoma City Market _____ Tulsa Market _____ Northwest Arkansas Market _____

Circle all that apply. _____ Memphis Market _____ Shreveport Market _____

There will be a minimum of \$100 billed to the account each month if the activity does not exceed \$100.

Company Representative: _____ **Date** _____

Authorized Boomerang Personnel: _____ **Date** _____

Please send completed **Fleet Program Application and Credit Application** to:

Boomerang Carwash – Fleet Department
1 Riverfront Place, Ste. 615
North Little Rock, AR 72114
Fax # - 501.378.0102

Allow 7-10 business days for processing. Application must be completed in full to allow for quick processing and approval.





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CREDIT APPLICATION

To be submitted with each Fleet Application

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY _____ STATE: _____ ZIP _____ PHONE _____

FAX: _____ E-MAIL: _____

FORM OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR

BUSINESS PROPERTY: OWN LEASED FROM _____

STATE OF INCORPORATION: _____ ANTICIPATED MONTHLY PURCHASES: _____

DATE BUSINESS STARTED: _____ UNDER PRESENT OWNERSHIP SINCE _____

HAVE YOU EVER FILED BANKRUPTCY? YES _ NO _ IF SO; UNDER WHAT NAME AND YEAR:

NAMES OF OWNERS AND/OR AUTHORIZED OFFICERS:

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER _____ STATE OF ISSUE: _____

BANK REFERENCE

NAME OF BANK: _____ BRANCH: _____

CITY: _____ STATE _____ ZIP: _____

BANK OFFICER: _____ PHONE: _____ ACCOUNT NUMBER: _____



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CLAIMS POLICY

In completing this application, I hereby accept responsibility for all charges made on this account.

TERMS POLICY

In completing this application for credit, I hereby agree that all amounts are payable in full on or before 15 days after the invoice date. Any accounts not paid on or before this date is past due. Any accounts with amounts greater than 30 days past due will be suspended. Accounts with invoices over 45 days past due will be terminated without the option for reinstatement.

ACKNOWLEDGEMENT

If credit is granted, I agree to the above claim and terms policy. The undersigned is personally responsible for payment of this account. I do further agree that if this account is placed in the hands of an attorney and/or collection agency for collection, to pay 100% of Attorney's/Collection Agency's fees on both the principal and service charges.

I/we further acknowledge that any insufficient funds (NSF) check returned to Boomerang, LLC will carry a \$25.00 service charge or other amount as may be the policy at that time, and agree to pay such NSF charge.

I understand that the granting of credit by Boomerang, LLC is a privilege and for the convenience of Boomerang, LLC. I further understand that Boomerang, LLC may change its policies at anytime and may, in its sole discretion, withdraw any credit privileges extended to me.

I authorize Boomerang, LLC to verify the information that we have provided for the purpose of extending our credit capabilities and to request relevant information from credit reporting agencies.

I further acknowledge and agree to the credit terms and policies as outlined above.

Signature _____ Title _____

Owner/Officer

Print Name _____ Date _____