

CLOISTER PASS VEHICLE INFORMATION

Co. Name _____

Contact Name _____

Address (Street, City, State, Zip) _____

Office/Home Phone _____ Fax _____

Email Address _____ Cell _____

VEHICLE #1

Year _____

Make _____

Model _____

Color _____

License # _____

Label # _____

VEHICLE #2

Year _____

Make _____

Model _____

Color _____

License # _____

Label # _____

VEHICLE #3

Year _____

Make _____

Model _____

Color _____

License # _____

Label # _____

VEHICLE #4

Year _____

Make _____

Model _____

Color _____

License # _____

Label # _____

VEHICLE #5

Year _____

Make _____

Model _____

Color _____

License # _____

Label # _____

VEHICLE #6

Year _____

Make _____

Model _____

Color _____

License # _____

Label # _____

I have completed the above information in full for my/our proposed Cloister Annual Pass Program. **ONCE I RECEIVE MY LABEL(S), I UNDERSTAND IT MUST PHYSICALLY BE ON THE REGISTERED VEHICLE. IF IT IS NOT, I WILL BE REQUIRED TO PAY CASH, CHECK OR CREDIT CARD AT THE TIME OF SERVICE.**

Authorized Signature _____ Date _____

CREDIT CARD INFORMATION

Credit Card # _____ Expiration Date _____

Card CVV2 Code _____ Card Type Visa Mastercard Discover American Express

Authorized Signature _____



SERVICE AUTHORIZATION FORM

_____ (“Program”) authorizes Cloister Wash & Lube to
Company Name
wash the vehicle(s) listed on the *Cloister Pass Vehicle Information form*. The vehicle(s) may have non-factory/add-on equipment and/or prior damage. The Program takes full responsibility for any damage if a problem occurs as a result of the above mentioned items.

Printed Name of Authorized Representative

Signature of Authorized Representative

Date