New Image Car Wash Inc. FLEET ACCOUNT APPLICATION

| BUSINESS CONTACT INFORMATION | | | | |
|---------------------------------|----------------|--------------|-----------|--|
| Title: | | | | |
| Company name: | | | | |
| Phone: | Fax: | E-mail: | | |
| Registered company address: | | | | |
| City: | | State: | ZIP Code: | |
| Date business commenced: | | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: | |
| BUSINESS AND CREDIT INFORMATION | | | | |
| Primary business address: | | | | |
| City: | | State: | ZIP Code: | |
| How long at current address? | | | | |
| Telephone: | Fax: | E-mail: | | |
| Bank name: | | | | |
| Bank address: | | Phone: | | |
| City: | | State: | ZIP Code: | |
| Type of account | Account number | | | |
| Savings | | | | |
| Checking | | | | |
| Other | | | | |
| BUSINESS/TRADE REFERENCES | | | | |
| Company name: | | | | |
| Address: | | | | |
| City: | | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | | |
| Type of account: | | | | |
| Company name: | | | | |
| Address: | | | | |
| City: | | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | | |
| Type of account: | | | | |
| Company name: | | | | |
| Address: | | | | |
| City: | | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | | |
| Type of account: | | | | |
| AGREEMENT | | | | |

- 1. All invoices are to be paid 30 days from the date of the invoice. Invoices will begin accruing interest at the rate of 1% per month (12% APR) after 60 days from the date of invoice if left unpaid. Balances remaining after 120 days will cause the account to be closed and credit privileges to be revoked.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this application, you authorize New Image Car Wash Inc. to make inquiries into the banking and business/trade references that you have supplied.

| SIGNATURES | | | |
|------------|--------|--|--|
| Title: | Title: | | |
| Date: | Date: | | |