

Washington Auto Show Vehicle Cleaning Service Order Form



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PAYMENT METHOD:				
FULL PAYMENT	MUST BE RECEIVED PRIOR TO ACCEPT	ANCE OF ORDER		
CHOOSE PAYMENT OPTION: Check	AMEX VISA N	IC		
If paying by credit card:				
Card Holders Name:	E-MAIL:			
(Exactly as it appears on the card)				
Address:	Phone: ()		
City:	State:	Zip:		
Card #:	Exp. Date:	Security Code:		
Signature:				
I authorize THE WASHINGTON AUTO SHOW to charge my credit card account for the amount stated on page 1.				
NOTE: Should the actual total cost examount due to the same card	xceed the estimated amount, The Washington I at the end of the event.	n Auto Show will charge the remaining		
INVOICING INFORMATION:				
	nal invoice, and check which method to utilize	e for delivery:		
		e for delivery:		
Please indicate who should receive the fi Contact Name:				
Please indicate who should receive the fi Contact Name:	E-MAIL:			
Please indicate who should receive the fi Contact Name: Phone: () TERMS AND CONDITIONS Full payment must be received pr All orders received on-site will be Client shall protect, indemnify, an subcontractors from and against Auto Show, or its subcontractors, circumstances will The Washington to theft or loss by The Washington Washington Auto Show shall not reasonable control of the parties i	E-MAIL: Fax: ()_	I rates. ts officers, agents, employees, and s, not due to the negligence of The Washington derstood and agreed that under no loss of Client's property not directly attr ibutable s. non-performance due to events beyond the overnment regulation, terrorist actions, strikes		

OFFICE USE ONLY:		
Order Received on:		Client Confirmed on:
CC Original Charge	Charged on:	Approval Code:
CC Final Charge	Charged on:	Approval Code:
Check Process	Deposited on:	Check Number:
Order submitted to Manager on:		_Manager Name: