



TAG #	Associate:
	Date:

Stampede Application For Your Best Savings and the Fastest Way to Wash!

VEHICLE INFORMATION

Make: _____ Model: _____ Color: _____ License Plate: _____

STAMPEDE TYPE	WASH TYPE	COST
<input type="checkbox"/> Unlimited <input type="checkbox"/> Weekly <input type="checkbox"/> Pre Paid <input type="checkbox"/> Pay as You Go	<input type="checkbox"/> Whole <input type="checkbox"/> Low Fat <input type="checkbox"/> Fat Free	\$ <input type="text"/> Cost per Wash / Month

APPLICANT INFORMATION (please print)

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Day Phone: () _____ Evening Phone: () _____
 Email Address: _____

HERE'S THE DEAL...

- Stampede Pass is per vehicle
- Unlimited Stampede usage limited to 1 wash per vehicle per 90 minutes
- The first month(s) and all pre paid billings will be billed at the store
- Pre paid stampede wash passes require a minimum payment of (3) months
- **Credit Card will be automatically charged each month on the same day of signup for the wash package selected**
- This program cannot be combined with any other programs or discounts
- The car wash may occasionally be unavailable due to repairs or weather related events
- Moo Moo Express Car Wash reserves the right to suspend car wash privileges
- Stampede Pass is transferable upon purchase of new/different vehicle with consent of Moo Moo Express Car Wash
- A \$5 fee will be assessed to RFID tag replacement or transfer
- Cancellation requires a completed form at any Moo Moo Express Car Wash location
- **A Cancellation Request Form must be received at least (5) five business days prior to the next billing date**
- All enrollments after cancellation or 60 consecutively suspended days will be subject to future rate increases and a \$5 reactivation fee

I agree to the terms and conditions stated above

Applicant Signature: _____ Date: _____

Office Use Only

Associate Initial and Date **Tag Activation** ____/____/____ **Data Entered** ____/____/____

SECURE BILLING INFORMATION (please print)

Card Holder Name: _____
 Payment Type (circle one): Visa Master Card American Express Discover Cash Check
 Credit Card #: _____ Expiration Date: _____
 Amount Collected: _____ Date: _____ POS Transaction #: _____