



ExpressKEY® FLEET ACCOUNT APPLICATION

Date _____

Business Name _____

Contact Person _____

Address _____

City _____

Home Phone _____ Work Phone _____ Fax _____

Number of keys requested: _____

Key Holder: _____

Key Holder: _____

Key Holder: _____

Key Holder: _____

Key Holder: _____

Key Holder: _____

Key Holder: _____

Key Holder: _____

Key Holder: _____

Key Holder: _____

For Office Use Only

Key # _____

Key # _____

Key # _____

Key # _____

Key # _____

Key # _____

Key # _____

Key # _____

Key # _____

Key # _____

Mail or Fax application to:

CALIFORNIA CAR WASH

3106 Esplanade Chico, Ca 95973

Phone: 530-894-3017

Fax: 530-895-0880