

WASHMAN CARWASH

PREPAID CARD ORDER FORM



Number of cards _____

Dollar Amount per Card \$ _____

Name of Purchaser _____

Type of Credit Card _____

Amount to be Billed \$ _____

Account Number _____

Expiration Date: _____ / _____

Security Code: (on back of card) _____

Phone Number: _____

Billing Address of Purchaser: Street: _____
City: _____
State: _____
Zip Code: _____

Shipping Address (if Different from Billing Address):

Recipient: _____

Address: Street: _____
City: _____
State: _____
Zip Code: _____

Please Fax completed form to 503-257-9790 to process your order, in most cases it will be processed the same day.