

**VEHICLE SERVICE AGREEMENT (CAR/TRUCK)**

Applicant Name ("Lessee")					
Co-owner, Spouse, or Authorized User					
Address					
City		State/Province		Zipcode	
Home Phone		Cell Phone		Text Messaging	<input type="checkbox"/> Y / <input type="checkbox"/> N
Email			Preferred Contact Method		
Would you like us to send you news updates/special offers?		<input type="checkbox"/> YES / <input type="checkbox"/> NO			
Emergency Contact				Phone	
Plug-In Service?*		<input type="checkbox"/> YES / <input type="checkbox"/> NO (If no, LVC cannot be held responsible for battery condition)		Start-Up?	<input type="checkbox"/> YES / <input type="checkbox"/> NO

Year		Make/Model			VIN/Hull#		
License Plate#		State ID#		State		Overall Vehicle Length	ft. in.
Insurance Carrier				Policy#			
Contact Information and #							

How Did You Hear About Us? (circle one)	<input type="checkbox"/> Google	<input type="checkbox"/> Bing	<input type="checkbox"/> Yelp	<input type="checkbox"/> Referral	<input type="checkbox"/> Other:
Referral Name (if applicable)					

By signing below, I hereby agree to the terms and conditions provided on this document (located on reverse side), and acknowledge both the terms of payment and requirement to give advance notice prior to terminating service.	
Signature	Date

Please make all checks payable to:

Luxury Vehicle Care  
3901 SE Naef Rd.  
Milwaukie, OR. 97267

Phone: 503.336.9996  
www.LuxuryVehicleCare.com

Office Use Only:

Effective Date		Monthly Billing Amount	
Actual Length		Rate Category	
Notes			