



KANNAPOLIS

AutoSpa

Simply Complete This Form To

Join Now

Contact Information

(We do NOT sell your information)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Vehicle Information

Year: _____ Make: _____

Model: _____ Color: _____

License Plate: _____ State: _____

Billing Information

Credit Card Number: _____

MC Visa Discover Am Ex

Expiration Date: _____/_____/_____

3 Digit Code: _____

Zip Code: _____

Plan Choice

- The Ultimate Shine
 Shine & Protect Wash
 Tire Shine Express Wash

Signature: _____

Date: _____