

## Membership Form Unlimited Monthly Packages

Date: \_\_\_\_\_

## **Members Information**

Membership Start Date:	1 <sup>st</sup> Billing Date:	Member Initials:
Type of Car: Year M	ake	Model
Lic. Plate #:	Color:	
First Name:	Last Nam	e:
Address:		
Telephone: (Home)	(Mobile)	
Email:		
Tag Number:		
Membership Details		
SEDAN \$100 / Month	SUV / TRUCK \$120 / Month	VALET ONLY \$60 / Month
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	(Savings of \$50.00+ per mo	onth)
Mombors Declaration 9	, , ,	, , , , , , , , , , , , , , , , , , ,
Members Declaration &		
every month until the member use the service. Members car provide your name, tag numbe members next billing data to a 818-644-5554. By signing belo	decides to cancel. Upon the receipt of the a cancel anytime by sending an email to a cancel anytime by sending an email. A cancel attachment and data of cancellation in the email. A void any additional charges. For any quest w, you are agreeing to the terms and cond	collected up front. This agreement will auto renew cancellation, member has an additional 30 days to <b>XCLUSIVEAUTOSPAVALET@GMAIL.COM.</b> Please All cancellation must be requested 3 days prior to cions, please contact our operations department at itions and are authorizing in payable to <b>XCLUSIVE</b> e monthly recurring fee on the billing date until
First & Last Month: \$	Recurring Mc	onthly Fee: \$
Signature:		Date:
Card Information		
Payment Type: □ Visa	☐ MasterCard ☐ AMEX	□ Discover □ Other:
Card Number:		Exp. Date:/ CVC:

Staff Initials: \_\_\_\_\_