

AHD PERFORMANCE CAR CLUB WITH STORAGE

Thank you for becoming an exclusive member of the AHD Performance Car Club. We are excited to offer this brand new club to you and other future members. At this time we plan to hold meetings once per Quarter. Dates, Times and Locations are TBD, and are subject to change. In addition, your membership includes storage for your registered vehicle in our climate controlled garage. Your parking space can be chosen by you and is dependent on the membership level that you sign up for.

CONTACT INFORMATION

NAME:	PHONE:		
ADDRESS:	ALT. PHONE:		
CITY:	STATE:	ZIP:	EMAIL:

OTHER PERSON PERMITTED TO DISCUSS THIS MEMBERSHIP (IF APPLICABLE)

NAME:	PHONE:		
ADDRESS:	ALT. PHONE:		
CITY:	STATE:	ZIP:	EMAIL:

VEHICLE INFORMATION

MAKE:	MODEL:	COLOR:
TAG:	STATE:	
DRIVER LIC.#:	STATE:	
OTHER DESCRIPTION:		

Please Circle Selection and initial	MONTHLY RATE 3 MONTH MEMBERSHIP	MONTHLY RATE 6 MONTH MEMBERSHIP	MONTHLY RATE 12 MONTH MEMBERSHIP
PREMIER 13'X19' SPACE	\$375.00/MONTH	\$350.00/MONTH	\$325.00/MONTH
8'X18' SPACE	\$300.00/MONTH	\$275.00/MONTH	\$250.00/MONTH
8'X16' SPACE	\$275.00/MONTH	\$250.00/MONTH	\$225.00/MONTH

MEMBERSHIP CHOSEN ABOVE			\$
ADD: HAND WASH MONTHLY	YES NO	+ \$25.00	
ADD: START UP WEEKLY	YES NO	+ \$25.00	
ADD: TICKLER CHARGER	YES NO	+ \$25.00	
ADD: 24/7 VIDEO STREAM (PREMIER ONLY)	YES NO N/A	+ \$25.00	
TOTAL MONTHLY MEMBERSHIP			\$
MULTIPLY X CHOSEN TERM (3 MO 6 MO 12 MO)			
TOTAL MEMBERSHIP FEE			\$

CLUB MEMBER SIGNATURE: _____

CLUB MEMBER PRINTED: _____

DATE: _____

ADDITIONAL ITEMS REQUIRED:

- PHOTO ID (DRIVERS LICENSE)
- PROOF OF OWNERSHIP/ COPY OF TITLE AND OR REGISTRATION
- PROOF OF INSURANCE
- KEYS TO KEEP IN YOUR FILE

SEND COMPLETED FORM TO MILEX@MILEXFREDERICK.COM AND REFERENCE CAR CLUB, OR FAX TO (301)694-3380. MILEX COMPLETE AUTO CARE IS A SUBSIDIARY OF AHD PERFORMANCE INC.

ADDITIONAL DOCUMENTS/ITEMS WILL NEED TO BE SUBMITTED PRIOR TO LEAVING CAR AT THE FACILITY. WE LOOK FORWARD TO HEARING FROM YOU.

PLEASE CALL (301)662-4028 IF YOU HAVE ADDITIONAL QUESTIONS.

TO BE COMPLETED BY FACILITY OWNER/MANAGER

TERM OF MEMBERSHIP:

FROM: _____ TO: _____

PAYMENT INFORMATION: _____

FACILITY OWNER SIGNATURE: _____

NAME PRINTED: _____