

# Car Wash Allergy/Sensitive Materials Form

Customer Name

Email Address

Phone Number

Car Make & Model

**I have the following allergies or sensitivities:**

☐ Fragrances/Scents

☐ Latex

☐ Pollen

☐ Soap/Detergents

☐ Other

If Other, please specify

Please describe your allergies or sensitivities in detail

**Preferred cleaning products/materials to avoid:**

**Additional instructions or notes for staff:**