

Toll Free:
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Premier Limousine

& TRANSPORTATION



Corporate Account Application

COMPANY INFORMATION: (Please Print)

Company Name: _____
Address: _____
City: _____ Zip Code: _____ State: _____
Telephone: (____) _____ Fax: (____) _____ Email: _____
Name of person opening account: _____

ACCOUNTS PAYABLE INFORMATION:

Contact name: _____ Position held: _____
Telephone: (____) _____ Email: _____

Select which billing you prefer: Please Circle Number.

1. Charge credit card on file, after every run, and email or fax receipt.
2. Charge credit card on file, once a month and email or fax receipt.
3. Bill company directly, once a month. Payment terms: 14 days net.
4. Other. Please write below.

If selected 1 or 2 above, please provide credit card to be charged.

_____ Exp: _____ Security Code: _____

Authorized Signature: _____ Print name: _____

TRADE REFERENCES:

Company name: _____ Contact name: _____
Telephone: (____) _____ City: _____ STATE: _____ Zip: _____

Company name: _____ Contact name: _____
Telephone: (____) _____ City: _____ STATE: _____ Zip: _____

Company name: _____ Contact name: _____
Telephone: (____) _____ City: _____ STATE: _____ Zip: _____