

# A1 New York Limousine Service

## Corporate Account Application

### Company Information:

Company Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Address One: \_\_\_\_\_

Address Two: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

No. Of Employees: \_\_\_\_\_

**Name of Person (s) authorized to use account:** (attach additional sheet if necessary)

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Name of person opening account: \_\_\_\_\_

Position: \_\_\_\_\_

### Accounts Payable Information:

Contact Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Telephone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Nature of Business: \_\_\_\_\_

No. Of Years in Business: \_\_\_\_\_

Card Type: (Circle One)            AMEX            VISA            M/C            DISCOVER

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Holder's Name: (as it appears on card) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Applicant corporate or personal credit card will be charged for the full balance owed every billing day. 20% Gratuity charge will be automatically added to your bill. A1 NEW YORK LIMOUSINE reserves the right to refuse service to individuals who are in arrears. Customer agrees to be responsible for payment of all, stolen or missing vouchers. Customer agrees to be responsible for all reservation made resulting in a "NO SHOW". With my signature below. I hereby authorize A1 NEW YORK LIMOUSINE to submit unsigned credit card vouchers on my behalf for service rendered. Stating that my SIGNATURE is on file.**

**I hereby understand and agree to be bound terms of this agreement:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note: Incomplete charge account applications can not be processed. Thank you!**

**IF YOU HAVE ANY QUESTION PLEASE CALL US!**

**Main Office: (718) 479-1870 Toll free: (800) 274-3415 Fax: (718) 425-0849**