



## BILLING ACCOUNT FORM

Company Information	Company Name:					
	Address:					
	City:		State:		Zip Code:	

Contact Person	Name:					
	Position:					
	Phone:		Fax:		Cell:	
	e-mail:					

Credit Card Information	Type	<input type="radio"/> Visa	<input type="radio"/> Master Card	<input type="radio"/> American Express	<input type="radio"/> Discover	<input type="radio"/> Other
	Name on credit card:					
	Number:				Expiration:	
	Authorized Signature:					

### Authorization

I, .....  
(name) ..... (title)  
of ..... am authorized to act as an agent  
(company name)  
or representative for ..... in entering into this  
(company name)  
Agreement to open a Billing Account effective ..... for the  
(mm/dd/yyyy)  
purpose of charging all Limousine transportation services, I agree that  
I and/or ..... will be held fully responsible for  
(company name)  
payment of all charges made to this account.

In addition, I agree to the following terms:

1. Payment is to be remitted within ..... days of invoice date .
2. There is a \$30.00 fee for returned/insufficient checks .

(authorized representative signature)

(date)