



## 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ DISCOVER \_\_\_\_\_

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

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

APPLICANT CORPORATE OR PERSONAL CREDITCARD WILL BE CHARGED FOR THE FULL BALANCE OWED EVERY BILLING DAY. 20% GRATUITY CHARGE WILL BE AUTOMATICALLY ADDED TO YOUR BILL. INGE LIMOUSINE RESERVES THE RIGHT TO REFUSE SERVICE TO INDIVIDUALS WHO ARE IN ARREARS. CUSTOMER AGREES TO BE RESPONSIBLE FOR PAYMENT OF ALL LOST, STOLEN OR MISSING VOUCHERS. CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL RESERVATIONS MADE RESULTING IN A "NO SHOW". WITH MY SIGNATURE BELOW, I HEREBY AUTHORIZE ING LIMOUSINE TO SUBMIT UNSIGNED CREDIT CARD VOUCHERS ON MY BEHALF FOR SERVICES RENDERED, STATING THAT MY SIGNATURE IS ON FILE.

I hereby understand and agree to be bound by the terms of this agreement.

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

Date: \_\_\_\_\_

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

**Fax this form to 888-522-6996**

Please note incomplete charge account applications can not be processed. Thank You!

If you have any questions please call 703-522-5500, 301-545-0000