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Francesco's Limousine Inc.

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CORPORATE ACCOUNT APPLICATION FORM

Company Name:_					
Company Address					
Phone:	Phone: Fax:		Email:		
Account Contact Name:			Position Title:		
Billing Address if n	ot the same:				
Authorized Signatu	ire:			<u> </u>	
	eferences on a separate : ed to use the account (if you n		se attach another she	et of paper with required information)	
Name	Address	Phone	E-Mail	Position	
I, authorize F	All Corporate accounts Prices are subject to cl	are subject to admin nange without notice. en a corporate account.	istration fee. unt. Please complete to my Credit Ca	the following credit card information. rd of choice. Expiry Date:/	
Card Holder's Name (as it appears on the card)			25000 Total To		
Would you like us to	bill you: After each u	se	☐ Bi:Weekly	Monthly	
Accepted	Limousine Inc. use or Client Account #			. Signature	