



Champion Limousine Services
LIMOUSINE
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. CHAMPION LIMOUSINE & TRANSPORTATION 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 CHAMPION LIMOUSINE & TRANSPORTATION 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: _____

E-Mail this form and all relevant documents to:
sales@championlimou.com

If you have any questions please call: 832-279-8961