



**Email Address: info@americanlimosvc.com**

**Online Reservation Network**

**King Of Prussia, PA 19406 Toll Free 1-866-227-4170, Tel: 610-226-7441 Fax 610-833-2352**

APPLICATION FOR CORPORATE ACCOUNT

Please fax completed application to (610)-833-2352

Company Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Contact Person First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Billing Preferences, Please **Circle one:**      **Daily**              **Weekly**              **Monthly**

Payment Preferences, Please **Circle One:**   **Credit Card**    **Company check**    **Corporate card**

Holder: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ CVV2 \_\_\_\_\_

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

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

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_