



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: _____ CVC _____

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. PINNACLE 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 PINNACLE 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 718-761-5455

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

If you have any questions please call 800-808-8656