

Billing Account Form

Please fill out this form and submit it via:
 e-mail: main@limoexpressnj.com
 fax: 201-343-9024
 mail: 725 Main St, Hackensack, NJ 07601



Company Information	Company Name:					
	Address:					
	City:		State:		Zip Code:	

Contact Person	Name:					
	Position:					
	Phone:		Fax:		Cell:	
	e-mail:					

Credit Card Information	Type	Visa	Master Card	American Express	Discover	Other
	Name on credit card:					
	Number:				Expiration:	
	Authorized Signature:					

Authorization

I, _____ (name) _____ (title)
 of _____ (company name) am authorized to act as an agent or
 representative for _____ (company name) in entering into this Agreement to
 open a Billing Account effective _____ (mm/dd/yyyy) for the purpose of charging all
 Limousine transportation services. I agree that I and/or _____ (company name)
 will be held fully responsible for payment of all charges made to this account.

In addition, I agree to the following terms:

1. Payment is to be remitted within 30 days of invoice date.
2. There is a \$30.00 fee for returned/insufficient checks.

 (authorized representative signature) (date)