



Express-Limo.com

Phone: **24/7**  
**713-320-7500**

Fax: (713) 599-1265

## Corporate Care Application

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

Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_

Address \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Billing Address \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Contact \_\_\_\_\_ Billing Contact \_\_\_\_\_

Persons Authorized to Make Reservations \_\_\_\_\_

Type of Business \_\_\_\_\_ Business Is:  Corporation  Partnership  Individual

Fed. ID Number \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Licensed to do Business in any other State \_\_\_\_\_

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### Corporate Officers

President \_\_\_\_\_  
Name Address Phone

Additional \_\_\_\_\_ Contact Title \_\_\_\_\_

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### Bank References

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Contact \_\_\_\_\_

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### Trade References

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

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Major Credit Card Type \_\_\_\_\_ Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Approx. Anticipated Monthly Usage \_\_\_\_\_

Credit application must be filled out completely. The credit card will be used only in the event of delinquency. Applicant agrees to Express Limo Conditions & Rates.

Please Print Name \_\_\_\_\_ Driver's license Number \_\_\_\_\_ State \_\_\_\_\_

Authorized Signature on Account \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*Thank You For Using Express Limo\*\*\*\*\*