

CREDIT APPLICATION/CREDIT CARD AUTHORIZATION

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____ e-mail: _____

Owner/Officer(s) and SS#: _____

Authorized to Bookers: _____

Referred By: _____

CREDIT CARD INFORMATION

Must be accompanied by photocopies of a picture I.D. and the front and back of the card.

AMEX M/C VISA DISC Account number: _____

DIRECT BILL ACCOUNT

Only to be filled out if you are requesting to be billed. All accounts must fill out credit card info.

Bank Name: _____ Telephone: _____

Account Type: _____ Account Number: _____

Trade References (Do not use CPAs, landlords or utility companies)

Name: _____ Address: _____

Telephone: _____ Fax: _____ Acct Number: _____

Name: _____ Address: _____

Telephone: _____ Fax: _____ Acct Number: _____

Name: _____ Address: _____

Telephone: _____ Fax: _____ Acct Number: _____

Application must be filled out completely for a direct bill account. For a credit card account only the top portion and the authorized signature need to be filled out. On direct bill accounts the credit card will be used only if a charge is delinquent more than fifteen days. **Applicant agrees to Dream Line Limousine Terms, Conditions and Rates.**

Authorized Signature on Account: _____

Print Name Also: _____

Return Fax: 818-248-9931