

Corporate Account Application

Today's Date

Last Name Company Name

First Name Phone Number

Initial Parent Company

Email Address

Address

City State Zip Code

Years in Business Type of Business

Type of Business Entity

Corporation

Partnership

Proprietorship

How did you hear about HLS?

Accounts Payable Contact Information

Contact Name Title

Direct Phone Number Ext

Who makes your travel arrangements?

Credit card accounts and credit card endorsed "Direct Bill" accounts are approved immediately. Direct Bill accounts without a credit card endorsement can take up to four (4) weeks to approve. May we suggest that if you require a "Direct Bill" account, that you provide the following credit card information for express processing.

Request Type

Credit Card Account Direct Bill with Credit Card Endorsement Direct Bill (references only)

Credit Card Account Information

American Express Visa MasterCard Discover

Card Number Expiration Date

Name on Card CVV Code

Please include a photocopy of the front and back of the authorized card. All services/accounts are due upon receipt. For Direct Bill Accounts, in the event of bankruptcy or published negative fiscal reporting, I do hereby authorize HLS to post all unresolved charges to the above credit card. Direct Bill Accounts past 60 days net will be placed on credit hold, and will be subject to credit card orders only.

Commercial Trade References (at least one reference required)

Name Phone

Address

City State Zip Code

Bank References (at least one reference required)

Name Phone

Address

City State Zip Code

I/we understand that upon the approval of this account, I/we are responsible for payment to A. Harrington Limousine Service, Inc for all chauffeured transportation services rendered upon completion of service (credit card account) or upon receipt (direct bill account). In the case of a request for Direct Bill Account, I authorize verification of the above information included in this application by the references listed above.

Signed By _____

Title _____

Once complete, print, sign, and fax form, with copy of credit card (if applicable) to (732) 906-2345 or mail form to A. Harrington Limousine Service, Inc., Attn: New Accounts, 54 Ethel Road, Edison, NJ 08817