



CORPORATE ACCOUNT APPLICATION

BUSINESS NAME: _____

ADDRESS _____		ADDRESS _____	
_____	CITY: _____	_____	CITY: _____
_____ STATE: _____	ZIP: _____	_____ STATE: _____	ZIP: _____
_____ PHONE: _____		_____ PHONE: _____	
_____ FAX: _____		_____ FAX: _____	

CONTACT PERSON: _____ **EXT. #** _____

EMAIL: _____

HOW DO YOU PREFER TO PAY?

- CHARGE DIRECTLY TO CREDIT CARD BELOW**
- PLEASE INVOICE ME (BILLED ON THE FIRST OF EVERY MONTH)**

CREDIT CARD INFORMATION *

NAME ON CARD:	CARD TYPE:	EXP. DATE:
CARD NUMBER:	ISSUING BANK:	

AUTHORIZED AGENTS: _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE SILVER CAR CHAUFFEURED, LLC TO CHARGE THE ABOVE CREDIT CARD FOR ALL TRANSPORTATION SERVICE PERFORMED AT MY REQUEST, OR THE REQUEST OF THE AUTHORIZED AGENTS LISTED ABOVE. IN ADDITION, I ACKNOWLEDGE THAT I AM FAMILIAR WITH, AND AGREE TO, THE TERMS AND CONDITIONS OF SERVICE AS SET FORWARD BY SILVER CAR CHAUFFEURED, LLC.

SIGNATURE _____ **DATE** _____

*CREDIT CARD INFORMATION IS REQUIRED FOR BOTH INVOICED AND CREDIT CARD ACCOUNTS. THIS IS FOR SECURITY AND VERIFICATION PURPOSES.