

Davis Limousine Corporate Account Application

Company Name: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Ext:** _____

Fax: _____ **Email:** _____

*If billing address is different from above please list location and to whom:

Billing Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Persons authorized to request service:

Person 1: _____

Person 2: _____

Person 3: _____

Person 4: _____

Person 5: _____

Major Credit Card required for securing payments:

Card Type: _____ **Number:** _____ **Expiration:** _____

Name on Card: _____

Signature: _____

Once account is approved it will remain valid one year of date unless otherwise cancelled by either party in writing.

I have read and understand the billing terms and the Cancellation Policy of this agreement.

Please process my application. **Initials:** _____

Signature: _____

Complete this form and fax it to **952-882-2999**.