



## CREDIT APPLICATION/CREDIT CARD AUTHORIZATION

Return Fax: 818-786-8810

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner/Officer(s) and SS#: \_\_\_\_\_

Authorized to Bookers: \_\_\_\_\_

Referred By: \_\_\_\_\_

### CREDIT CARD INFORMATION

***Must be accompanied by photocopy of a picture I.D. and a copy of front & back of card.***

AMEX M/C VISA DISC DINER'S Account number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Expiration: \_\_\_\_\_

### 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 ninety days. **Applicant agrees to Alliance Limousine, Inc. Terms, Conditions, and Rates.**

Authorized Signature on Account: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_