

Personal Account

Long Beach Limousine Services

Tel: 516-431-9099 or Toll Free 1-866-737-0917 Fax: 516-431-1044

www.lblimo.com info@lblimo.com

NAME OF

FIRM: _____ **DATE:** _____

NAME OF SENIOR OFFICER OR

PARTNER: _____ **TEL:** _____ **EXT:** _____

NAME OF PERSON TO

CONTACT: _____ **TEL:** _____ **EXT:** _____

(IN REGARD TO OPERATION OUR SERVICE)

TYPE OF BUSINESS: _____ **YEARS IN THIS**

BUSINESS: _____

BUSINESS AND MAILING ADDRESS:

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

BILL ATTENTION TO: _____ **TEL:** _____

EXT: _____

VOUCHER ATTENTION

TO: _____ **TEL:** _____ **EXT:** _____

BANK REFERENCES:

BRANCH & ADDRESS: _____ **ACC. NUMBER:** _____

CHARGE ACCOUNTS WITH ANY OTHER GROUND TRANSPORTATION:

1-) **Name:** _____ **Address:**

_____ **Tel:** _____

2-) **Name:** _____ **Address**

_____ **Tel:** _____

NON-BANK REFERENCES:

1-) **Name:** _____ **Address**

_____ **Tel:** _____

2-) **Name:** _____ **Address**

_____ **Tel:** _____

The undersigned, as an authorized representative of the aforesaid firm, affirms that the foregoing

Answers and any answers appearing on the accompanying statement are true and correct and authorizes **Long**

Beach Limousine Services to obtain such information as it may require to verify the accuracy of the statements set forth herein.

The undersigned acknowledges that by the signing of this application the firm agrees to be bound by any

And all changes submitted by Long Beach Limousine Services accompanied by vouchers signed by person

permitted to use the Long Beach Limousine Services by this firm.

Signature Title