

ACCOUNTS PAYABLE INFORMATION

Contact Name: _____ Position Held: _____

Telephone: _____ Fax: _____

Nature of Business: _____

No. of years in business: _____

Card Type: AMEX _____ VISA _____ MC _____ DISCOVER _____

Credit Card Number: _____ Exp. Date: _____

Credit Card Holder's Name: (as it appears on card) _____

Address: _____

City: State: Zip: _____

Telephone: Fax: _____

APPLICANT CORPORATE OR PERSONAL CREDITCARD WILL BE CHARGED FOR THE FULL BALANCE OWED EVERY BILLING DAY. ANGEL LIMOUSINES, LLC. RESERVES THE RIGHT TO REFUSE SERVICE TO INDIVIDUALS WHO ARE IN ARREARS. CUSTOMER AGREES TO BE RESPONSIBLE FOR PAYMENT OF ALL LOST, STOLEN OR MISSING VOUCHERS. CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL RESERVATIONS MADE RESULTING IN A "NO SHOW". WITH MY SIGNATURE BELOW, I HEREBY AUTHORIZE ANGEL LIMOUSINES, LLC. TO SUBMIT UNSIGNED CREDIT CARD VOUCHERS ON MY BEHALF FOR SERVICES RENDERED, STATING THAT MY SIGNATURE IS ON FILE.

I hereby understand and agree to be bound by the terms of this agreement.

Signature: _____

Date: _____

Print Name: _____

Fax this form to 203-274-5169

Please note incomplete charge account applications can not be processed. Thank You!
If you have any questions please call 800-526-9734