

CORPORATE ACCOUNT APPLICATION

COMPANY INFORMATION

Legal Company Name: _____

Account Name (If different from above) _____

Address: _____ Suite/Apt#: _____

City: _____ State: _____ Zip Code: _____

Nearest Major Intersection: _____

Phone Number: _____ Fax Number: _____

President/CEO: _____ Phone Number: _____

Contact Name/Person: _____ Phone Number: _____

Email Address: _____

Type of Business: _____

How long has the company been operating in its primary line of business? _____

Federal Tax ID Number or Social Security Number: _____

Dun & Bradstreet Number: _____

Your Corporate Bank: _____ Account Type: _____

Branch Address: _____

City/State/Zip: _____

Company's Account number(s) at this bank: _____

Company's Bank Officer at Branch: _____

Direct Phone # to Officer: _____

Direct Fax #: _____

Legend Car Service
88A 4th Avenue
Brooklyn, NY 11217
(718)-788-1234
www.legendslimousine.com

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be mailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Legend Car Service to charge my credit card
(Full name)

indicated below for charges incurred for each billing period.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CW (3 digit number on back of card) _____	

SIGNATURE _____

DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Legend Car Service in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.

I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.