



CORPORATE/PERSONAL ACCOUNT APPLICATION

PLEASE PRINT OR TYPE CLEARLY.

Pickup Information

Company or Client Name: _____

Billing Address: _____

City: _____ State: _____ Zip code _____

Type of Business: Corp: _____ Partnership: _____

LLC: _____ Proprietorship: _____

Business Phone: _____ Cell Phone: _____

Business Fax: _____

Alt. Number: _____ Email: (required) _____

Primary Contact Person: _____ Dept. _____

Phone _____

Email: _____

Other Address (if different from Billing Address) _____

City: _____ State: _____ Zip Code: _____

CREDIT CARD INFORMATION:

Type: () VISA () MASTERCARD () AMEX () DISCOVER () DINER'S CLUB

CARD# _____ Exp. Date _____ 3/4 digit code: _____

Cardholder Signature: _____
Cardholder Name : (Please Print) _____ Date: _____

Cardholder Phone #: _____

Corporate Billing Information

Name on the Credit Card: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration: _____

CVV Number (3-4 Digit code on the Back of the Card): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Total Amount Due: _____

Corporate Account Information

Federal ID #: _____

Billing Preference:

____ Passenger Credit Card ____ Credit Card on File ____ Account:

Bank Reference:

Bank Name: _____

Account Number: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Account Billing Period:

____ Weekly ____ 15 day billing ____ Monthly

Customer's Name (Print): _____ Date: _____

Customer Signature: _____ Date: _____

Company Name (Print): _____

Signature: _____ Date: _____

Name and Title of Authorized Representative(Print) _____

Date: _____

**THANK YOU CHOOSING PALPAL LIMO SERVICE INC.
WE LOOK FORWARD TO SERVING YOU!!**

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