

Corporate Contract

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