

Corporate Account Application

COMPANY INFORMATION: (Please Print)

Company Name: _____
Address: _____
City: _____ Zip Code: _____ State: _____
Telephone : (____) _____ Fax : (____) _____ Email _____
Name of person opening account: _____

ACCOUNTS PAYABLE INFORMATION:

Contact name: _____ Position held: _____
Telephone: (____) _____ Email: _____

- Select which billing you prefer: Please Circle Number.
1. Charge credit card on file, after every run, and email or fax receipt.
 2. Charge credit card on file, once a month and email or fax receipt.
 3. Bill company directly, once a month. Payment terms: 14 days net.
 4. Other. Please write below.

If selected 1 or 2 above, please provide credit card to be charged.

_____ Exp: _____ Security Code: _____

Authorized Signature. _____ Print name: _____

By signing this contract, I authorize Allen Limousine, Inc. to charge me for any trips that I Authorize, and agree to the terms below.

TRADE REFRENCES:

Company name: _____ Contact name: _____
Telephone: (____) _____ City: _____ STATE: _____ Zip: _____

Company name: _____ Contact name: _____
Telephone: (____) _____ City: _____ STATE: _____ Zip: _____

Cancellation Policy for Corporate Accounts:

If you need to make changes to this reservation please contact us at 972-747-0011, or email the change to reservations@allenlimousine.com Cancellations, within (5) hours for sedan or van service and (24) Hours for Limousine or minibus service from Pick up Time, will result in a charge of 100% of total fare. No Charge for Cancellation before the time frame indicated above.



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