

**Signature Limousine Services, LLC**  
**1190 W. St. Georges Avenue, Suite A-31, Linden, NJ 07036**

Toll Free: 877.336.0900

<http://www.SIGNATURE-LIMO.net>

Fax: 732.525.9186

**CORPORATE ACCOUNT INFORMATION FORM**

Liaison Person: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

Method of Payment: \_\_\_ Invoice \_\_\_ Corporate Card \_\_\_ Personal Card \_\_\_ Pre-Pay

Required Services: \_\_\_ Airport \_\_\_ Point to Point \_\_\_ Wait & Return

Vehicle Type: \_\_\_ Sedan \_\_\_ Stretch Limo \_\_\_ Limo Coach

**CREDIT CARD INFORMATION**

Please Circle One: VISA            MASTER CARD            AMEX            DISCOVER

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

(Please Print)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

(As it appears on the credit card)

**SPECIAL INSTRUCTIONS:**