

# Private Limousine Inc.

A Secure Chauffeur Service  
P.O. Box 354, Union, NJ 07083  
Tel:800-556-5060 Fax:866-331-0976  
[info@privatelimousineinc.com](mailto:info@privatelimousineinc.com)

## Application For Credit

I Request Credit For: \_\_\_\_\_  
(full name of person or business)

Firm Name: \_\_\_\_\_ Individual  Corporation  Partnership   
(full name of business)

LLC  LLP

Owner/Officer (s) SS#: \_\_\_\_\_ OR Federal Tax I.D.#: \_\_\_\_\_

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

Business / Home Main Location: \_\_\_\_\_  
(if different from above)  
City State Zip

City State Zip

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Bank Reference: \_\_\_\_\_  
Bank Branch And Phone # Account Number

## Credit Card Information

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Credit Card I.D. # \_\_\_\_\_  
(full name) (3 or 4 digit security code on card)

## Persons Authorized To Charge Services

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Terms And Conditions

The applicant hereby authorized Private Limousine Inc. to investigate the references listed for the purpose of extending credit to the applicant knowing that Private Limousine Inc. will rely thereupon. If for any reason the account balance is not paid, the applicant agrees that it shall be liable for any and reasonable legal fees and costs, in an addition to its outstanding balance. The credit card will be used only if a charge is delinquent more than sixty (60) days from billing date.

Authorized Signature

Print Name

Date

**Must be accompanied by photocopies of back and front of credit card.**