

**NY ONE LLS, INC
ACCOUNT APPLICATION**

COMPANY INFORMATION

Company Name: _____ Federal ID#: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ No of employees: _____
Name of Person (s) authorized to use account:
Name: _____ Position: _____

ACCOUNT PAYABLE INFORMATION

Contact Name: _____ Position Held: _____
Phone: _____ Fax: _____ Email: _____
Nature of business: _____ Number of years in business: _____
Card Type: Amex: _____ Visa: _____ MC: _____ Discover: _____
Credit card number: _____ Exp. Date: _____ CVV: _____
Card Holder Name: _____ Phone: _____
Card Holder Billing address: _____

BANK INFORMATION:

Bank Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Account# _____ Account Officer: _____
Phone: _____ Fax: _____

TRADE REFERENCES:

Company Name: _____ Contact Person: _____
Address: _____
Phone: _____ Fax: _____ A/C # _____
Company Name: _____ Contact Person: _____
Address: _____
Phone: _____ Fax: _____ A/C# _____

APPLICANT CORPORATE OR PERSONAL CREDITCARD WILL BE CHARGED FOR THE FULL BALANCE OWED EVERY BILLING DAY. 20% GRATUITY CHARGE WILL BE AUTOMATICALLY ADDED TO YOUR BILL. APPLICANT AUTHORIZES ALL CREDIT REFERENCES, BANK AND CREDIT REPORTING AGENCIES TO DISCLOSE TO NY ONE CAR & LIMO INC ALL PERTINENT INFORMATION CONCERNING THE FINANCIAL AND CREDIT HISTORY OF THE APPLICANT. NY ONE CAR & LIMO INC RESERVES THE RIGHT TO REFUSE SERVICE TO INDIVIDUALS WHO ARE IN ARREARS. CUSTOMER AGREES TO BE RESPONSIBLE FOR PAYMENT OF ALL LOST, STOLEN OR MISSING VOUCHERS. CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL RESERVATIONS MADE RESULTING IN A "NO SHOW". WITH MY SIGNATURE BELOW, I HEREBY AUTHORIZE NY ONE CAR & LIMO INC TO SUBMIT UNSIGNED CREDIT CARD VOUCHERS ON MY BEHALF FOR SERVICES RENDERED, STATING THAT MY SIGNATURE IS ON FILE.

I hereby understand and agree to be bound by the terms of this agreement.

Signature: _____ Date: _____
Print Name: _____ Position: _____

Fax this form to (718)937-4045. If you have any questions please call 800-560-5022