



CORPORATE DIRECT BILLING APPLICATION

Please complete and fax back to (214) 377-4226.

Date _____

Company/Client Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone #() _____ Fax () _____

Type of Business _____

Address _____

(If different from

Billing address) City _____ State _____ Zip _____

Primary Contact _____ Ph: () _____

Credit Card Information- (Required guaranteeing payment)

Visa

MasterCard

Discover

American Express

Diner's Club

Card #: _____ Exp. Date: _____

Cardholder Name: _____ Ph: () _____

Cardholder Signature: _____ Date: _____

Company Policies

Terms: Account charges will be billed every (15) fifteen days. Payment terms are net 10.

We the undersigned hereby agree to the above company policies. We agree that the primary contact or designee, listed on this application, will authorize all services used by our company employees or guests when reserving cars from PROVIDENT SEDAN & LIMOUSINE and will be charged to this account. In the event that we default on any payment, we authorize PROVIDENT SEDAN & LIMOUSINE to charge any and all outstanding balances including interest and collections fees to the credit card on this application. No further signatures will be required for such a credit card payment.

Company or Client _____

Signature _____ Title _____