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### **CORPORATE ACCOUNT APPLICATION**

COMPANY NAME: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
Attention: ACCOUNTS PAYABLE: \_\_\_\_\_

### **CREDIT CARD AUTHORIZATION**

CARDHOLDER: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE: HOME: \_\_\_\_\_  
WORK: \_\_\_\_\_  
DATE OF SERVICE: \_\_\_\_\_  
VISA/MC/AMEX/DISCOVER #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

I understand that I may be charged minimum of \$100 and/or up to 50% cancellation fee for any service ordered that is canceled 72 hours after the reservation was made. I authorize Starlite Limousines, LLC to charge the above credit card for any charges due.

Cardholder Signature: \_\_\_\_\_

**FOR YOUR PROTECTION SEND US COPY OF YOUR DRIVERS LICENSE AND CREDIT CARD WITH THIS FORM.**