



## **CORPORATE CREDIT APPLICATION**

### **COMPANY INFORMATION**

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Web Address: www. \_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_ or SS # \_\_\_\_\_

### **BANK INFORMATION**

Bank Name: \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Contact: \_\_\_\_\_

Account No(s). \_\_\_\_\_

### **CREDIT REFERENCES**

1. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone No. \_\_\_\_\_

2. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone No. \_\_\_\_\_

### **CREDIT CARD INFORMATION**

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Position: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH A PHOTO COPY OF FRONT AND BACK OF THE ABOVE CREDIT CARD AND CREDIT CARD HOLDER PERSONAL ID (Driver license, passport, etc.).**

Terms: Trophy Limousine works on a basis of net 15 days from the date of invoice. By applying for credit, the customer authorizes Trophy Limousine to charge any invoices not paid within 25 days to the above credit card. Overdue invoices will incur monthly finance charges. Please complete this form and fax to 215.525.2640 or email to [accounting@trophylimo.com](mailto:accounting@trophylimo.com).