

# DAVINCI LIMO & TOURS.

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## ACCOUNT APPLICATION

NAME OF COMPANY:  
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TYPE OF BUSINESS:  
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BILLING ADDRESS:  
-----

MAIN CONTACT:  
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TELEPHONE:

FAX #:

FEIN:  
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PRESIDENT OF COMPANY:  
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AUTHORISED USERS: (PLEASE INCLUDE A LIST OF AUTHORISED USERS AND DEPARTMENTS)  
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## CREDIT CARD INFORMATION

CREDIT CARD: AMEX----MC-----VISA

CREDIT CARD#

CVC#  
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BILLING ADDRESS:  
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CITY

ZIP

STATE  
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**PLEASE PROVIDE FRONT AND BACK COPY OF THE CREDIT CARD.**

## BANK REFERENCE:

BANK NAME:  
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CONTACT PERSON:

TELEPHONE #  
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## TRADE REFERENCES

COMPANY NAME:  
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ADDRESS:  
-----

PERSON TO CONTACT:  
-----

TELEPHONE:  
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THE CLIENT AGREES TO PAY DAVINCI LIMO & TOURS RATES AND EXPENSES. ALL CHARGES ARE DUE UPON RECEIPT OFF STATEMENT, CLIENT (S) SHOWN ABOVE, GURANTEE PAYMENT OFF ANY CHARGES, INCL...., BUT NOT LIMITED TO, ALL COLLECTION AND ATTORNEYS FEES IN CASE OFF DELINCQUENCY. BALANCE CARRIED OVER TO THE NEXT STATEMENT IS SUBJECT TO A 1.5% MONTHLY FINANCE CHARGE

WE HAVE READ, UNDERSTOOD AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS CONTRACT. WE ALSO AUTHORISE DAVINCI LIMO & TOURS TO CHARGE OUR CORPORATE CREDIT CARD IN FULL AS AGREED TO BY BOTH PARTIES.

DATE APLIED:     /     /

**PLEASE SIGN AND RETURN THIS APPLICATION**

AUTHORISED SIGNATURE:  
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TITLE:  
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