

Silver Star Limousines, Inc.

The Finest in Luxury Ground Transportation Since 1987

ACCOUNT CREDIT APPLICATION

Applicant Name																								
C/O:																								
Attention:																								
Billing Addr																								
City															St		Zip					-		
Street Addr if diff.																		City						
Tel Nos.										-		Ext :					-							
Applicant is a:		<input type="checkbox"/> Corporation					<input type="checkbox"/> Subsidiary of :					<input type="checkbox"/> Partnership			<input type="checkbox"/> Proprietorship			<input type="checkbox"/> Individual						
Name / title of person to contact																								
Contact person's email address																								
Principal: (Mr / Mrs / Mr & Mrs / Ms / Dr) First Name - Last Name - Company Title (if appropriate)																								
Street Address																								
City																								
State					Zip					Tel No. ()					Cell No. ()									
<input type="checkbox"/> <<< Please "X" box if other persons are authorized to charge our services, & list their names, titles, home address and telephone data, on a separate sheet.																								
Financial Data										Line of credit requested: \$										Estimated monthly use: \$				
Name of Bank															Acct #									
Bank Mail Addr															Acct #									
City					State					Zip					Tel ()					Contact:				
Trade Reference															Acct #									
Mail Addr															Credit Line									
City					State					Zip					Tel ()					Contact:				
Charge Card		<input type="checkbox"/> Amex			<input type="checkbox"/> Visa/MC			<input type="checkbox"/> Diners			Acct #					Exp Date								
Data		<input type="checkbox"/> Carte Blanche			<input type="checkbox"/> Discover			Referred by:																
Terms: <i>Payment is due upon receipt of statement.</i> <i>Late charges of 1.5% per month will be assessed on delinquent balances.</i>																								
<p>I hereby authorize Silver Star Limousines, Inc. to conduct inquiries into the credit worthiness of this applicant, including but not limited to bank references & credit bureau records, and to charge the charge card account noted above for charges to this account that are more than 30 days past due.</p>																								
Date _____										Signature & Title _____														
Please print name _____																								