

HM Limo Services

230 Jefferson Ave, Hasbrouck Heights, NJ 07604
info@hmlimonj.com

Corporate Account Application

Company Name: _____

FEIN# _____

Company Address: _____

Street Address, City, State

Accountant Name: _____ Accountant Phone: _____

Accountant Fax: _____ Accountant Email: _____

Billing Address: _____

Street Address City State Zip Code

Do you want gratuity added to the bill? Yes No If so, how much? _____%

Your statement will be sent out the first week of every month. The balance is due 30 days after the first of the same month. A 5% charge will be compounded monthly to a balance carried over. All lawyer and legal fees associated with carried over balances will be added to balance.

Cancellations within 12 hours of trip will be billed full amount.

Persons approved to order services on account:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

Corporate References:

Name of Company City, State, Country Phone Number

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I, _____, understand and agree to the above terms.

X _____

_____/_____/_____
Signature Date