



# Corporate Account Application & Contract

Please mail the completed application to [info@sfogoldenlimo.com](mailto:info@sfogoldenlimo.com)

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

Federal Tax ID Number or Social Security Number (Optional): \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

President/CEO: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

City/State/ Zip Code: \_\_\_\_\_

## Billing Information

1. Charges will be processed only on completion of each trip and can be faxed to the company for their records.
2. It is optional to accompany a clear and legible photocopy of the front and back of the credit card listed below with this application.

**Please include a copy of the front and back of the credit card listed above.**

### **TERMS & CONDITIONS / Rates and Cancellation/No-Show Policy**

The undersigned acknowledges and agrees that all rates quoted for services provided by Golden Limousine are estimates only. Final charges assessed upon service completion will be based on the actual service provided.

