

## **Billing Account Form**

Please fill out this form and submit via:

Fax: 732-909-2652

E-mail: [baronslimo@msn.com](mailto:baronslimo@msn.com)

Mail: P.O Box 7287, North Brunswick, NJ 08902

### Company Information:

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

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

\_\_\_\_\_

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

### Contact Person:

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

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Credit Card Information:

Type:  Visa  Master Card  American Express  Discover  Other

Name On Card: \_\_\_\_\_

Number: \_\_\_\_\_ Expire \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Zip code of Billing Address: \_\_\_\_\_

### **Authorization:**

I, \_\_\_\_\_

(Name)

(Title)

Of \_\_\_\_\_ am authorized to act as an agent or

(Company Name)

Representative for \_\_\_\_\_ in entering into this agreement to open a Billing Account effective \_\_\_\_\_ for the purpose of charging all

Limousine Transportation services. I agree and I and /or \_\_\_\_\_

(Company Name)

will be held fully responsible for payment of all charges made to this account.

In addition , I agree to the following terms :

1. Payment is to be remitted within 30 days of invoice date.
2. There is a \$30.00 fee for returned /insufficient checks.

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(Authorized representative Signature)

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(Date)

Baron's Limousine 1-732-422-0211