

ADVANCED CAR SERVICE, INC

**** TAXI & LIMOUSINE SERVICE ****

PO BOX 1032
ALPINE, NJ 07620

PHONE : (201) 569-7000

FAX: (201)-871-9200

ACCOUNT CREDIT APPLICATION/CC ON FILE:

ACCOUNT HOLDER INFORMATION:

NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE)

PHONE : _____ CELL: _____

- OTHER AUTHORIZED PERSON(S) : _____

ACCOUNT PAYMENT INFORMATION:

BILLING METHOD -- PLEASE CHECK

____ CREDIT CARD CHARGED PER TRANSACTION

CREDIT CARD INFORMATION

*REQUIRED FOR ACCOUNT W/ ADVANCED CAR SERVICE

CARDHOLDER NAME: _____

CARD # : _____ CCV: _____

TYPE OF CARD: MC VISA AMEX DISC EXP DATE: _____

I, THE UNDERSIGNED AUTHORIZE ADVANCED CAR SERVICE TO CHARGE THE ABOVE CREDIT CARD FOR RESERVATIONS MADE WITH COMPANY. IF DIRECT BILL ACCOUNT THE ABOVE CARD WILL BE CHARGED FOR ANY UNPAID BALANCES ON THE 15TH OF EACH MONTH FOR ANY UNPAID BALANCES.

SIGNATURE: _____ DATE: _____

EMAIL ADDRESS FOR ACCOUNT BOOKING:

(OPTIONAL)