

Cedar Mill Limousine
P.O. Box 727
Crown Point, IN 46307



Office: 219.730.3850
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Corporate Account Application

Service Class Respect

Company Name: _____ FEIN# _____

Company Address: _____
Street Address City State Zip Code

Accountant Name: _____ Accountant Phone: (____) _____ - _____ X _____

Accountant Fax: (____) _____ - _____ Accountant Email: _____

Billing Address: _____
Street Address City State Zip Code

Credit Card Type American Express MasterCard Visa Discover

CVC Code _____

Credit Card Number _____ Exp. Date ____/____/____

Card Holder Name _____

Billing Address on Credit Card _____
Street Address City State Zip Code

Persons approved to order services on account:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Corporate References:

Name of Company	City, State, Country	Phone Number
_____	_____	_____
_____	_____	_____

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

X _____ / ____/____
Signature Date