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CORPORATE ACCOUNT APPLICATION

COMPANY NAME: _____
TYPE OF BUSINESS: _____
CONTACT NAME: _____
BUSINESS ADDRESS: _____
BUSINESS PHONE: _____ FAX: _____
BILLING ADDRESS: _____
Attention: ACCOUNTS PAYABLE: _____

CREDIT CARD AUTHORIZATION

CARDHOLDER: _____
BILLING ADDRESS: _____
CITY, STATE, ZIP CODE: _____
TELEPHONE NUMBERS
HOME: _____
WORK: _____
DATE OF SERVICE: _____
VISA/MC/AMEX/DISCOVER #: _____
EXPIRATION DATE: _____

I understand that I may be charged minimum of \$150 and/or up to 50% cancellation fee for any service ordered that is canceled 24 hours *after* the reservation was made.

I authorize Extreme Limousines to charge the above credit card for any charges due.

Cardholder Signature: _____

FOR YOUR PROTECTION SEND US COPY OF YOUR DRIVERS LICENSE AND CREDIT CARD WITH THIS FORM.