



**ACCOUNTS PAYABLE INFORMATION**

Contact Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Credit Card Type: AMEX \_\_\_\_\_ VISA \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Holder's Name (AS IT APPEARS ON THE CARD): \_\_\_\_\_

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

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

APPLICANT PERSONAL OR CORPORATE CREDIT CARD WILL BE CHARGED THE FULL BALANCE OWED EVERY BILLING DAY. ALL BILLS INCLUDE 20% GRATUITY, 2.5% WORKERS COMP., 5% FUEL SURCHARGE, 6% STC SURCHARGE, TAXES AND TOLLS IF APPLICABLE (SUBJECT TO CHANGE). CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL RESERVATIONS RESULTING IN A "NO SHOW", AND IS RESPONSIBLE FOR PAYING ANY WAITING TIME THAT MAY OCCUR. WITH MY SIGNATURE BELOW, I HEREBY AUTHORIZE LANA'S LIMO INC. TO SUBMIT UNSIGNED CREDIT CARD VOUCHERS ON MY BEHALF FOR SERVICES RENDERED, THATING THAT MY SIGNATURE IS ON FILE.

I HEREBY UNDERSTAND AND AGREE TO BEBOUND BY THE TERMS OF THIS AGREEMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

PLEASE FAX THIS FORM TO 914-358-4669.

ACCOUNT APPLICATION MUST BE COMPLETE IN ORDER TO BE PROCESSED. THANK YOU.

IF YOU HAVE ANY QUESTIONS PLEASE CALL US AT 877-NYC-LANA OR 914-831-2023.