



Corporate Services Group
 250 West Lincoln Highway
 Penndel, PA 19047
 phone 215-752-2100
 fax 215-752-2171

CORPORATE CREDIT APPLICATION

Organization Information

Company Name _____	Title _____
Primary Contact _____	Suite _____
Address _____	Mail Stop _____
Address _____	State _____ Zip _____
City _____	Extension _____
Phone _____	Email _____
Fax _____	

Organization Classification

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> S Corporate	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC
Nature of Business _____	Tax ID _____	
Dunn's # _____	Rating _____	

Person(s) authorized to charge services:

<u>Name</u>	<u>Title</u>	<u>Phone</u>	<u>Ext</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit Card Information (Required)

<input type="checkbox"/> Visa/MC	<input type="checkbox"/> Amex
<input type="checkbox"/> Discover	<input type="checkbox"/> Diners Club
Card # _____	Expires _____
Card Holders Name _____	
Authorized Signature _____	Date _____

Terms:

Allied Limousine grants credit based upon the following terms and conditions;

- ◆ All invoices are due upon receipt
- ◆ A 2% monthly finance fee will be charged on all balances carried forward
- ◆ The above signature authorizes Allied Limousine and/or its agents to charge credit card for any invoices open after 30 days.

Dunn's Number _____ Rating _____

Please enclose three (3) current credit references with contact names.

Invoice address, contact name, and phone number:

internal use only

auth _____

PT A/R table

IFS-date _____

If you have any questions regarding this application, call 215-752-2100
 Fax return to 215-752-2171