

Limojet Gold Limousine Service
PHONE: (604) 273-1331 FAX: (604) 273-4694
APPLICATION FOR CHARGE ACCOUNT

Name of Firm		Date
Street Address		
City	Province	Postal Code
Telephone #	Fax #	
Name of Partners and/or Officers		Title
Email 1		
Email 2		
Number of Years in Business		Nature of Business
CREDIT REQUESTED: \$	Include Automatic Gratuity? Y N	Gratuity Amount \$ _____ or _____ %
Name of Bank		Branch
Address		
Telephone #	Fax #	Account #
If your bank is not a chartered bank we require the account to be guaranteed by a major credit card. <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Diners Club <input type="checkbox"/> MasterCard		
Credit Card # _____ Expiry Date: _____		
Name on Card _____		
Supplier Reference – Please complete all sections:		
Name	Address	Phone #
1.		
2.		
3.		
Affiliated with other Companies?		
Accounts Payable Contact		
TERMS OF PAYMENT		
It is understood that accounts are due within 30 days following the date of invoice. Overdue accounts are subject to suspension without prior notification. Please initial that you have read and understand the terms of payment. _____ Initial here		
I hereby authorize Limojet Gold to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for and other direct business requirement. This consent is given pursuant to Section 12 of the Credit Reporting Act, R.S.B.C.		
Signed per _____		
Print Name	Signature	Position