

CC'S TOWNCAR SERVICE

DIRECT BILLING APPLICATION

Name of Business: _____

Address: _____

Contact's name: _____ Title: _____

Business Phone: _____ Fax: _____

E-mail: _____ Website: _____

Type of business: _____ Year Established: _____

Federal Tax ID # _____

Sole member ___ Partnership ___ Corporation ___ Other ___

OWNER/CEO or Executive Information:

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Bank References:

Bank Name: _____ Account Number: _____

Bank Address: _____

Contact Person: _____ Phone: _____

Trade references (3):

Company name: _____ Contact's name _____

Address _____ Phone _____

Company name: _____ Contact's name _____

Address _____ Phone _____

Company name: _____ Contact's name _____

Address _____ Phone _____

Credit Card Information:

The below Credit card will be charged if the invoice amount is not paid in full within 30days of invoice date.

Visa _____ Master_____ American Express_____ Discover _____

Credit Card No.: _____ Expiration: _____

CCV/Security code: _____

(3 digit number for visa master & discover, 4 digits for Amex located on the back of the card)

Authorized User (Please Print): _____

Signature of Authorized User: _____

Address of Authorized User: _____

Phone: _____ Fax: _____

Driver License Number of Authorized User: _____ Expiration: _____

PLEASE ATTACH A COPY (FRONT & BACK) OF THE CREDIT CARD
AND THE DRIVERS LICENSE!!!
PLEASE FAX TO: (818) 753-9527