

Cedar Mill Limousine  
P.O. Box 727  
Crown Point, IN 46307



Office: 219.730.3850  
Fax: 219.696.1984  
Email: CedarLimo@yahoo.com

Corporate Account Application

*Service Class Respect*

Company Name: \_\_\_\_\_ FEIN# \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip Code

Accountant Name: \_\_\_\_\_ Accountant Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

Accountant Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Accountant Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address City State Zip Code

Credit Card Type  American Express  MasterCard  Visa  Discover

CVC Code \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder Name \_\_\_\_\_

Billing Address on Credit Card \_\_\_\_\_  
Street Address City State Zip Code

Persons approved to order services on account:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Corporate References:

\_\_\_\_\_  
Name of Company City, State, Country Phone Number

\_\_\_\_\_  
Name of Company City, State, Country Phone Number

I, \_\_\_\_\_, understand and agree to the above terms.

X \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
Signature Date