

F.M.I. Limousine Service, Inc.

Corporate Credit Account Application

Business Information

Name: _____ Title: _____

Business Name: _____ Tax I.D. No. _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____ Business Fax Number: _____

Federal I.D. Number: _____

Type of Business: _____

Legal Form for Business Operation: Corporation Partnership Proprietorship

If Division\Subsiday, Name of Parent Company: _____

Number of Years in Business: _____

Name of Company Contact Responsible for Business Transaction: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____ Business Fax Number: _____

Name of Company Contact Responsible for Business Transaction: _____

Bank References

Bank Name (1): _____

Checking Account Number: _____

Address: _____ State: _____ Zip: _____

Bank Name (2): _____

Checking Account Number: _____

Address: _____ State: _____ Zip: _____

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Corporate Credit Account Application (continued)

Trade References

Company Name (1): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____

Account Active Date: _____

Credit Limit: _____ Current Balance: _____

Company Name (2): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____

Account Active Date: _____

Credit Limit: _____ Current Balance: _____

Company Name (3): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____

Account Active Date: _____

Credit Limit: _____ Current Balance: _____

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Corporate Credit Account Application (continued)

Billing Department

Name of Contact: _____ E-Mail: _____

Telephone Number: _____ Fax: _____

Estimated Amount of Usage per Month: _____

Corporate Credit Card

Type: MasterCard Visa Amex Discover

Cardholder Name: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Security Code: _____

List of Authorized Users: _____

All checks should be made out to F.M.I. Limousine Service. For additional terms and conditions, please contact F.M.I. Limousine Service at info@fmilimo.com or by telephone at: 914-428-8101.

Print Name: _____ Title: _____

Signature: _____ Date: _____

I hereby certify that the information contained within this document is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Additionally, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.