



Office 305-871-6767, Fax 305-871-1440, 2355 NW 35 Avenue, Miami, FL 33142

Application for Corporate Account

Date: _____ Contact person: _____

Company name: _____

Street address: _____

Telephone: _____ Fax: _____

Type of business: _____

Estimated monthly service requirements: _____

Bank Name: _____

Contact person: _____ Telephone: _____

Address: _____

Credit References

Company name: _____

Type of business: _____

Address: _____

Telephone: _____ Fax: _____

Company name: _____

Type of business: _____

Address: _____

Telephone: _____ Fax: _____

Persons Authorized on Account

Signature: _____ Title: _____

I understand by signing this contract, I am responsible for full payment of goods and/or services provided by **Padrino Limousine Service**. All invoices are due on receipt.

“We exceed our clients’ expectations”