



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

### Application for Corporate Account

Date: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Billing Information:**

Company name: \_\_\_\_\_

Street address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of business: \_\_\_\_\_

Estimated monthly service requirements: \_\_\_\_\_

**Passenger Information:**

Passenger Name: \_\_\_\_\_ / \_\_\_\_\_

Passenger Address: \_\_\_\_\_ / \_\_\_\_\_

Passenger Phone: \_\_\_\_\_ / \_\_\_\_\_

**Credit Card Authorization**

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**\*\*Please Include a copy of a photo I.D. and the front and back of the Credit Card\*\***

**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 upon receipt.