



CITY RIDE

Crosstown Limousine Service, Inc.

44-61 11th Street, Long Island City, NY 11101
 (212)861-1000
 Fax: (718) 706-1099
800-CITYRIDE

Corporate Credit Application

Customer Account # _____

COMPANY INFORMATION	
Company Name	
Address	
Contact Name	Title
Telephone Number	Fax Number
e-mail Address	
Type of Business	
DUNS Number	
Est. Annual Usage (\$)	No of Employees
Web Address	

BILLING INFORMATION	
Billing Contact	Title
Address <i>(if Different from Above)</i>	
Telephone Number	
e-mail Address	

ACCOUNTS PAYABLE INFORMATION	
A/P Contact	Title
Address <i>(if Different from Above)</i>	
Telephone Number	
e-mail Address	

BANK INFORMATION	
Bank Name	
Account Type	
Account Number	
Address	
Contact Name	Title
Telephone Number	Fax Number
e-mail Address	

CREDIT CARD INFORMATION	
Type of Card	AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> DINERS <input type="checkbox"/>
Card Number	
Expiration Date	
Name on the Card	
<i>Note: A copy of the front and back of the above credit card must accompany this profile.</i>	

ADDITIONAL INFORMATION
How did you hear about City Ride?
Is your organization affiliated to any existing City Ride client? If yes, please explain.

SPECIAL NEEDS / COMMENTS

NOTES
<ul style="list-style-type: none"> • Pre-printed vouchers are available upon request at no extra charge • A four dollar (\$4) service charge will be added to each voucher • A two percent (2%) new york state surcharge is applicable to the total of Voucher. • Credit Terms: Net 30 days

NOTES
<ul style="list-style-type: none"> • The applicant firm assures all financial obligations with regard to charges incurred and all invoices will be paid in full. This also authorizes City Ride to verify the information that has been provided above. City Ride reserves the right to refuse services to firms that are in arrears.

Date _____

Authorized Signature _____

Print Name _____

Title _____