



PERSONAL ACCOUNT APPLICATION

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Card Type: AMEX _____ VISA _____ MC _____ DISCOVER _____

Credit Card Number: _____ Exp. Date: _____

Credit Card Holder's Name: (as it appears on card) _____

Name of Person(s) authorized to use ING Limousine account:

PERSONAL CREDIT CARD WILL BE CHARGED FOR THE FULL BALANCE OWED EVERY BILLING DAY. 20% GRATUITY CHARGE WILL BE AUTOMATICALLY ADDED TO YOUR BILL. ING LIMOUSINE RESERVES THE RIGHT TO REFUSE SERVICE TO INDIVIDUALS WHO ARE IN ARREARS. CUSTOMER AGREES TO BE RESPONSIBLE FOR PAYMENT OF ALL LOST, STOLEN OR MISSING VOUCHERS. CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL RESERVATIONS MADE RESULTING IN A "NO SHOW". WITH MY SIGNATURE BELOW, I HEREBY AUTHORIZE ING LIMOUSINE TO SUBMIT UNSIGNED CREDIT CARD VOUCHERS ON MY BEHALF FOR SERVICES RENDERED, STATING THAT MY SIGNATURE IS ON FILE.

I hereby understand and agree to be bound by the terms of this agreement.

Signature: _____

Date: _____

Print Name: _____

Fax this form to 888-522-6996

Please note incomplete charge account applications can not be processed. Thank You!

If you have any questions please call 703-522-5500, 301-545-0000