



Website: www.A1LimoToFly.com

Email: info@A1LimoToFly.com

Phone: (416)-705-2626

Toll Free: 1-877-455-5999

Account Application

Company name: _____

Contact person : _____

Address: _____

Phone: _____

Fax: _____

Http: _____

Email: _____

Federal tax ID: _____

No. of employees: _____

Type of business: _____

Date business established: _____

Amount of credit requested \$: _____

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

Names, titles, and addresses of your chief corporate officers or Authorized Purchasers

TRADE REFERENCES

Reference #1 Name: _____

Address: _____

Phone: _____

Reference #2 Name: _____

Address: _____

Phone: _____

Reference #3 Name: _____

Address: _____

Phone: _____

Additional Info _____

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my Company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____ Print Name: _____ Title: _____ Date: _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE.

1. Invoiced monthly, Pay within 15 days