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## Credit Application and Voucher Agreement

Address:	
Telephone:	Fax:
Email:	
	DNB Number:
Company Principal Name:	
Company Principal Title:	
Credit Card Number:	
Credit Card Expiration Date:	CVV/CID Number:
Name on the Card:	
Billing Address:	
require payment within 15 days of invoice and all charges including but not limited to carried over to the next billing statement. Above clients permit 1ST Comfort Limous signature is on file, or to amend, alter, or clients name, for payment of charges. It conditions of this statement. Should it becaupaid limousine services, my signature	ing statement unless reconciled with management. Standard term the date. Clients listed above personally guarantee payment of an io, all collection and attorneys fees in case of delinquency. Balance are subject to a \$5.00 late charge &1.5% monthly finance charge since to submit unsigned credit card vouchers, stating that client complete, or execute on behalf of the client, credit card vouchers have read, understand, and agree to be bound by the terms and come necessary for any reason to charge my credit card account for on this form will be considered to have been made on the rmit 1ST Comfort Limousine to fill out and sign the voucher(s) on me will pay the charges. By signing this form, I herby authorize 1S for the afgregation of the contract of the contra
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behalf, so that my credit card company Comfort Limousine to inquire and veri information, if applicable.	
behalf, so that my credit card company Comfort Limousine to inquire and veri information, if applicable.	Date  Date  Date  Date  Date  Date