



1280 Route 27
Colonia, NJ 07067
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CORPORATE ACCOUNT INFORMATION FORM

General Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Fax: () _____ - _____

Corporate Contact: _____

Email: _____

Billing Information:

Billing Cycle: *Please Circle* - Weekly Monthly

Method of Payment: ___ Invoice ___ Corporate Card ___ Pre-Pay

Credit Card Information, if applicable: ___ Amex ___ MC ___ Visa ___ Discover

Credit Card #: _____ Exp: ____/____/____

CSC: _____

Name on Card: _____

Billing Address (if different) : _____

City: _____ State: _____ Zip Code: _____

OFFICE USE ONLY:

D&G AE: _____

Received by: _____

Added by: _____