

ACCOUNTS PAYABLE INFORMATION

Contact Name: _____ Position Held: _____

Telephone Number: _____ Email Address: _____

Credit Card Type: AMEX _____ VISA _____ Master Card _____ Discover _____

Credit Card Number: _____ Expiration Date: _____

Credit Card Holder's Name (AS IT APPEARS ON THE CARD): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

APPLICANT PERSONAL OR CORPORATE CREDIT CARD WILL BE CHARGED THE FULL BALANCE OWED EVERY BILLING DAY. ALL BILLS INCLUDE 20% GRATUITY, 2.5% WORKERS COMP., 5% FUEL SURCHARGE, 6% STC SURCHARGE, TAXES AND TOLLS IF APPLICABLE (SUBJECT TO CHANGE). CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL RESERVATIONS RESULTING IN A "NO SHOW", AND IS RESPONSIBLE FOR PAYING ANY WAITING TIME THAT MAY OCCUR. WITH MY SIGNATURE BELOW, I HEREBY AUTHORIZE LANA'S LIMO INC. TO SUBMIT UNSIGNED CREDIT CARD VOUCHERS ON MY BEHALF FOR SERVICES RENDERED, THATING THAT MY SIGNATURE IS ON FILE.

I HEREBY UNDERSTAND AND AGREE TO BEBOUND BY THE TERMS OF THIS AGREEMENT.

Signature: _____ Date: _____

Print Name: _____

PLEASE FAX THIS FORM TO 914-358-4669.

ACCOUNT APPLICATION MUST BE COMPLETE IN ORDER TO BE PROCESSED. THANK YOU.

IF YOU HAVE ANY QUESTIONS PLEASE CALL US AT 877-NYC-LANA OR 914-831-2023.