



**WINDSOR**  
**INTERNATIONAL LIMO INC.**

*Exploring the world of Luxuries*

**ACCOUNT APPLICATION**

**COMPANY INFORMATION:**

Company Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CONTACT INFORMATION:**

Contact Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ACCOUNTS PAYABLE INFORMATION:**

Contact Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Corporate Credit Card**

PLEASE COMPLETE & EMAIL THIS FORM TO: [Billing@windsor-limo.com](mailto:Billing@windsor-limo.com)

**Tel: 212.677.1100 | Fax: 718.784.2900 | Toll Free: 888.931.9191**  
163 Mineola Blvd. Ste #100, Mineola NY 11501



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## Credit Card Authorization

Please print clearly, complete and email to: [billing@windsor-limo.com](mailto:billing@windsor-limo.com)

I, \_\_\_\_\_, authorize Windsor International Limo to charge the credit card listed below for services provided.

Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Amex
Account Number:	_____	Expiration:	_____	
Card Holder's Name:	_____			
3-digit Verification Code:	_____	4-digit (Amex Only) Verification Code:	_____	
Billing Address:	_____ _____ _____			
Contact Phone:	_____	Fax:	_____	
Email Address:	_____			
Authorized Passengers:	_____			
PLEASE ATTACH A COPY OF THE FRONT AND BACK OF CARD ALONG WITH A VALID PHOTO ID				

By signing below, I acknowledge the charges listed herein. In the event of past the cancellation deadline, I authorize Windsor International Limo, Inc to charge the minimum reservation fee. I read and agreed to all the cancellation deadlines (terms & conditions) that apply to my reservation. I understand that I am liable for any late fees, cancellation fees, taxes and other charges. I will not dispute the charges. Payment in the agreed amount as well as other authorized charges is made to be in accordance with the issuing card policies. I affirm my obligations under the card member's agreement.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Cardholder's Name – PRINT

\_\_\_\_\_  
Date