



CREDIT APPLICATION

CUSTOMER INFORMATION

Full Legal Name _____
 Trade Name (if applicable) _____
 Address _____
 City _____ Prov./State _____ Postal Code/PO Box _____
 Type of Business _____ Telephone No. () _____
 Contact Person _____ Fax No. () _____
 Email _____
 Length of Time in Business ___yrs. ___mos. Date of Registration yyyy/mm/dd _____

OWNERSHIP DETAILS

Privately Owned Publicly Owned Professional Charity Government

PERSONAL INFORMATION: PRINCIPAL/OWNER(S)/SIGNING OFFICERS

Name and Title (Key Principal) _____
 Address _____ Home Telephone Number _____

CURRENT BANKING INFORMATION

(Please provide details or attach a void cheque)

Bank _____
 Address _____
 Transit _____ Account# _____
 Banking Since _____
 Account manager name/phone _____

PREVIOUS BANKS

(If less than 6 months)

Bank _____
 Address _____
 Transit _____ Account# _____
 How Long _____ yrs. _____ mos.

TRADE REFERENCES:

1	_____	_____	_____
	(Name)	(Address)	(Phone)
2	_____	_____	_____
	(Name)	(Address)	(Phone)
3	_____	_____	_____
	(Name)	(Address)	(Phone)

Has your Business ever filed for bankruptcy or defaulted on any debts? Yes No
 Is this Business a party to any claim or lawsuit? Yes No
 Has the Business guaranteed the loans or financial obligations of others? Yes No
 If "Yes" to any of the above, please provide details _____

By signing below, you certify that the statements are true and complete.

I/We hereby authorize Griffin Transportation Services Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of an account for my/our business requirement. Griffin Transportation Services Inc. is prohibited from providing any information received through such credit reports or from other third parties or financial information provided to Griffin Transportation Services Inc. by me/us to any other individuals or businesses other than those specifically listed herein or the credit insurer of Griffin Transportation Services Inc., and then only for the purpose of establishing my/our credit worthiness.

Signature _____ Print _____ Date _____



Credit Card Authorization

(Please read through carefully and complete ALL fields)

Name as it appears on credit card: _____

Company Name: _____

Billing Address: _____
(where the credit card statement is sent)

City: _____ Province/State: _____ Postal/Zip: _____

Work number: _____ Alternate number (cell): _____

Fax number: _____ E-Mail Address: _____

Credit Card Information

Type: MC _____ VI _____ AMEX _____ DC _____ Security Code _____

Credit Card Number: _____ Exp Date: ____ / ____

Please charge my Credit Card as Indicated:

___ Signature on file for all orders on my account

___ Total charges for reference numbers: _____

___ Gratuity included (20%)

I, the undersigned, hereby authorize Vancouver Limousine Service (1995) Inc to charge the above listed credit card for transportation and related services which may be rendered through Vancouver Limousine Service (1995) Inc and/or its affiliates, in accordance with all terms and conditions of the rental agreement unless other form of payment is made in full of the charges. Vehicles are kept non-smoking. I understand that wait time for any reason, travel time (if outside the city limits), extra stops (except on hourly service), cellular phone usage, parking, tolls & other incidentals, vehicle damage caused by me or my guests, excessive clean-up cost and cancellations or charges without required notice will also be charged to my credit card. Cancellations must be given in accordance to our cancellation policy to avoid any charges in full or part to the credit card.

Authorized signature: _____ Date: _____
(must be the same name as what appears on front of credit card)

Please complete, sign and date this form. Then fax back to our office along with a legible copy (please enlarge & lighten) of the front and back of your credit card to (604) 682-4337.

Thank-You

VANCOUVER LIMOUSINE SERVICE (1995) INC
1712 POWELL ST VANCOUVER BC V5L 1H7
PHONE 604.421.5585 (24 Hours) TOLL FREE 1.888.515.5565 FAX 604.682.4337
E-mail: info@vancouverlimousine.com Web Site: www.vancouverlimousine.com