

Pearsonvision Limousine

2570 Matheson Blvd E. Suit#211,

Mississauga ON L4W 4Z3

PH: 1.855.661.1577

 **CORPORTE ACCOUNT APPLICATION FORM**

Account #\_\_\_\_\_\_\_\_\_\_\_

*Company Name*

*Business Address*

*City Postal Code*

*Company Telephone Number Fax*

*Website address Years of Operation*

*Estimated expenditure of the Company (Monthly)*

**Billing Information**

*Accounts Payable Contact*

*Phone Number Email*

**Think Green: if you want your invoice to be emailed please tick here**

*Billing email*

**Trade References**

*Company Name*

*Address*

*Contact Name Phone*

*Email*

*Company Name*

*Address*

*Contact Name Phone*

*Email*

**Credit Information**

*Name of Bank*

*Branch Address*

*Branch Phone Contact Name*

**Payment Method (Please Select one payment method)**

Cheque EFT Credit Card

***I hereby Authorize Pearson Vision Limousine to conduct inquiries into the credit worthiness of the Applicant, including but not limited to Bank Reference ,Trade Reference and Credit Bureau records***

***Signature of Applicant***

 *Print Name*

*Date Position*

**Terms of Agreement**

*Corporate account balances are due in full upon receipt of each monthly statement. There are no installment terms available on these Accounts.*

*The Following credit card will be charged on 30th of the next month for the balance of your account.*

*Incomplete application and authorization will delay the processing of your application.*

*I hereby authorize* ***Pearson Vision Limousine*** *to use the following credit card to pay for the balance outstanding after 30 days of the billing date.*

|  |
| --- |
| **Credit Card Information** |
| *Credit card Number* |  |
| *Expiry Date* |  |
| *Name of Cardholder* |  |

***Pearson Vision Limousine*** *reserves the right to refuse service to accounts who are in arrears. The Account holding company agrees to reimburse Pearson vision Limousine for all legal fees and other expenses in regards to collecting outstanding invoices of this account*

Authorized Signature

Title Date

**FOR OFFICE USE ONLY**

Account Number\_\_\_\_\_\_\_\_ Credit Limit \_\_\_\_\_\_\_\_\_\_ Reference\_\_\_\_\_\_\_\_\_\_\_\_\_