

Please, print this page, fill in the application, provide a clear copy of your credit card (front and back) with signature, and FAX the information to us.

Thank you!



AIRPORT EXPRESS LIMOUSINE

2720 S. RIVER RD.
DES PLAINES, IL 60018
800-707-0380 FAX 847-296-0692

CORPORATE ACCOUNT APPLICATION

TRAVELLER INFORMATION:

NAME: _____

ADDRESS: _____

COMPANY: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE WILL HELP US TO SERVE YOU BEST:

CIRCLE ONE: AMEX VISA MASTERCARD DISCOVER DINERS:

_____ EXPIRATION _____

CREDIT CARD BILLING ADDRESS: _____

I _____ AUTHORIZE AIRPORT EXPRESS LIMOUSINE TO CHARGE MY CREDIT CARD FOR FUTURE PAYMENT OF TRANSPORTATION AND SERVICES PROVIDED AND COMPLETED

SIGNATURE OF APPLICANT _____

DATE _____