

CORPORATE ACCOUNT APPLICATION – AAROPOORT LIMOUSINE SERVICES LTD.

Company Name:

.....
Address:

.....
City/Prov.: Tel.:

Postal Code: Fax:

Billing information (if different than above):

Address:

.....
Postal Code: Tel.:

Company Bank/Branch:

.....
Credit References:

1) Phone:

2) Phone:

Personnel Authorized to use the Account: (Attach a list if necessary)

Name	Title	Signature
1)
2)
3)

Corporate Account Terms: Payment due upon receipt of invoice.

Accounts Payable Contact:

.....
Date: Signature:

PLEASE RETURN COMPLETED APPLICATION TO:
AAROPOORT LIMOUSINE SERVICES LTD.
7733 KEELE STREET
VAUGHAN, ONTARIO L4K 1Y5
PH: 416-225-6666
FAX: 416-225-6410