



**Bridge Limousine Services, LLC**  
 2424 Morris Ave Suite 107,  
 Union, NJ 07083

**Credit Card Application Agreement**

**Phone: 908-206-0222**

**Fax: 908-206-0666**

Name: \_\_\_\_\_

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

Account Type:  Personal  Corporate

*(For Corporate Accounts we require an accompanying letter on the company's letterhead which should list all the staff members who are authorize to use the service)*

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

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

**Principal Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

**Billing Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Driver Gratuity:  Add 20%  Add 18%  Add 15%

Card Type:  Amex  Visa  Master Card  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 or 4 digit number on signature strip/in front: \_\_\_\_\_

Name (as it appears on the Card): \_\_\_\_\_

**Billing address**

(If different from above): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*This letter authorizes Bridge Limousine Services LLC. to apply charges/credits to the following account. The listed card will be kept on file which will be used for all future rides. The applicant assumes all financial obligations with regards to charges incurred. Bridge Limousine Services LLC. reserves all the rights.*