

Corporate Account Application

Legal Name:		Date:			
Address:					
City:					
Federal Tax ID Number:					
Telephone:					
Email Address:					
Signature on File Authorization Fo	orm				
A copy of both sides of the signed	d credit card number &	Driver License must	be submitted wit	th this application	
Name on the Credit Card:					
Credit Card Number:		Exp:	Card	Code:	
Billing Address:					
City:	State:	Zi	p Code:		
ground transportation services. Please List all persons authorized to a Name and title:					
Please indicate below whether Service	ces are for single or multi	iple users:			
	Single use		mul	ltiple use	
Signature of the card holder:				Date:	
By signing above, you have authoronline at www.worldsedan.com)	orized World sedan to	bill your credit card fo	or all of your serv	ice trips. (You agree	on the term and policy lis

World sedan Inc. | Web: www.worldsedan.com | E-mail: info@worldsedan.com | Office: 888.359.1118 | Fax: 877.459.5971