



# Jimmy's Transportation

4212 San Felipe, #121 Houston, TX 77027  
Phone: (713) 850-1601 \* Fax: (713) 572-8253  
www.JoyLimo.com \* e-mail : jimmystran@aol.com

## Corporate Care Application

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Billing Contact \_\_\_\_\_

Persons Authorized to Make Reservations \_\_\_\_\_

Type of Business \_\_\_\_\_ Business Is:  Corporation  Partnership  individual

Fed. ID Number \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Licensed to do Business in any other State \_\_\_\_\_

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### Corporate Officers

President \_\_\_\_\_  
Name Address Phone

Additional Contact \_\_\_\_\_ Title \_\_\_\_\_

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### Bank References

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact \_\_\_\_\_

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### Trade References

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

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Major Credit Card Type \_\_\_\_\_ Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Approx. Anticipated Monthly Usage \_\_\_\_\_

Credit application must be filled out completely. The credit card will be used only in the event of delinquency. Applicant agrees to Jimmy's Transportation, Inc. Conditions, and Rates.

Please Print Name \_\_\_\_\_ Driver's license Number \_\_\_\_\_ State \_\_\_\_\_

Authorized Signature on Account \_\_\_\_\_ Date \_\_\_\_\_