minutes upon receipt of this form.				
Contact Name:				
Company:				
Telephone:	Guaran	teed Credit Card Number:		
Fax:				
Email:	Method	l of Billing and Frequency:		
Address:	Method	of Payment:		
	Standa	rd Terms and Conditions:		
FEIN #:	1.	When your credit account is approved, we will send you confirmation by email.		
Banking and Credit References:	- 2.	Payment terms are 30 days net. Credit privileges will be withdrawn on overdue accounts.		
	3.	Payment can be made by check, individual or corporate credit card. Details are shown on invoices. A major credit card number is required to be on file as a guarantee of payment.		
	4.	We may consult a licensed Credit Reference Agency and will make all necessary inquiries for opening this account.		
Requested Credit Limit:	5.	We reserve the right to refuse or restrict an application without giving a reason. You will receive an invoice per job, daily, weekly or monthly as requested. Invoice sent via fax or mail as requested.		
	6.			
I have reviewed and accept the Standard Terms and Conditions. Signature:	7.	Questions should be directed to: Tim Banholzer, Style Limousines, Inc., 6150 Madison Avenue, Saint Louis, MO 63134- 2104. Tel: 314-521-6506. Email: t.banholzer@stylelimousines.com		
Position:	Please	Please now return this form:		
Date:	Fax:	314-521-8975 No cover page is necessary		
	Mail:	Credit Application Style Limousines, Inc. 6150 Madison Avenue Saint Louis, MO 63134-2104		

Please note: The credit check usually only takes a few Authorized Persons:

To check the progress of your application, please call 314-521-6506 or email t.banholzer@stylelimousines.com.