



## Corporate Charge Account Credit Application

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Structure (Sole Proprietor, Partnership, Corporation, Non-profit) \_\_\_\_\_

Number of Years Trading As Name \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Title \_\_\_\_\_

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

Harrison Global will bill you for all service usage on a monthly basis with the closing date at the end of every month after a probationary period of 90 days. Until that point, our accounts receivable dept. will require a credit card on file, unless each passenger will pay with his /her own company card.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_



## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Harrison Global, to

Charge my account not to exceed: \$ \_\_\_\_\_

Visa  MasterCard  American Express  Discover  Diners Club

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Credit Card Billing Address:

Street \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country (if not in the U.S) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ [home] ( ) \_\_\_\_\_ - \_\_\_\_\_ [cell]

Initial here: \_\_\_\_\_ Date: \_\_\_\_\_

### **Special Instructions:**

Please enclose a copy of the Credit Card front and back, along with a copy of your driver's license. All must be visible and legible for us to view clearly. Your completion of the "Authorization Form" o

the damage proceeds above \$350 we will send a receipt with the amount due.