HINOMARU

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LIMOUSINE SERVICE
New Corporate Account Application Form

Company Name	Date
Division or Department	
Company Address	Tel:
Bill Attn. To	Fax #: e-mail:
Name of Person To Contact	
Kind of Business	

Corporate Credit Card Information

Credit Card	
Card holder Name	
Card Number	Expiration Date

Signature	Title

上記のフォームにご記入して頂き、お手数ですが、FAXまたはe-mailにて送信して
下さいますよう宜しくお願いいたします。

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