## **Skyline** Car Service Credit Application

Exhibitor	Company Name		
	Billing Address		
	City	State	Zip Code
	Telephone Number	Fax Number	
	Contact E-Mail	Contact Cell Number	er
	Federal Taxpayer ID Number		
	Senior Officer	Billing Contact	
	Corporate Credit Card Name	Number	Expiration Date
Terms and Conditions	The Agreement is subject to the terms and conditions appearing hereon and on the reverse side hereof, and customer agrees to be bound thereby. No modifications or additions shall be binding upon Skyline Credit Ride, Inc. unless agreed to in writing.		
	Skyline makes no warranty of any kind, express or implied, as to the service covered hereby except as provided on reverse side.		
	This Agreement will become valid only when signed by customer and sent back to Skyline and then accepted by Skyline. Acceptance by Skyline is given by notice to customer that Skyline has issued customer an account number.		
	If payment to this voucher account is not made in a timely manner, authorization is hereby given to charge that amount to said applicants credit card.		
	Authorization is hereby given Skyline Credit Ride, Inc. to obtain credit information as requested above and it is understood that a Corporate Voucher Charge Account may be granted upon verification of same.		
	Signature	Print Name Title	Date
	Above authorized name and signature must be officer of applicant company.		
Return to:	Skyline 52-29 35 <sup>th</sup> Street Long Island City, NY 11101	Tel: 718.482 Fax: 718.482	2.8585, ext. 3263 2.8032

For Skyline office use only:

DATE \_\_\_\_\_ APPROVED BY \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

EG