

DC Livery Account Application

Corporate

Individual

Travel Agent

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ FED I.D. # / SS# \_\_\_\_\_  
(If applicable)

Company Address:  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Point Of Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card Information:  Amex  Master Card  Visa  Discover

Card Holder Name: \_\_\_\_\_ CVV Code \_\_\_\_\_  
Address #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Credit Card  Exp /

**A clear copy of Front and Back of the credit card & ID Should be attached**

The undersigned hereby acknowledges and agrees to the terms and conditions published at <http://www.dclivery.com/terms.htm> & additionally to avoid the inconvenience to each passenger of signing charge records at the conclusion of each trip, the undersigned hereby authorizes the Credit Card Company to permit this application to serve as undersigned authorization to charge the above credit card for each rendered service. In the event of declined charges or default on any payment applicant and/or undersigned will be responsible of any overdue and all outstanding balances including interest, collection and attorney fees.

Names and contact of personal authorized to request service (for additional names please attach a list)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please Fax completed application to: **+1 703-372-1415** Attention: \_\_\_\_\_

**Reservations +1 703-354-5466 Toll Free 1-800-786-6630 Fax +1 703-372-1415**

Reservations via email: [res@dclivery.com](mailto:res@dclivery.com) website: [www.DCLivery.com](http://www.DCLivery.com)