



CORPORATE ACCOUNT REGISTRATION FORM

JASMINLIVERSERVICE.WEBS.COM

COMPANY NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE NUMBER (_____) _____

BILLING INFORMATION

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE NUMBER (_____) _____

CREDIT CARD TYPE (CIRCLE ONE) VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER _____ SECURITY CODE _____

EXPIRATION DATE: ____ / ____ / ____

CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PRIMARY PHONE NUMBER (_____) _____

ALTERNATE PHONE NUMBER (_____) _____ EMAIL ADDRESS _____

THANK YOU FOR CHOOSING JASMIN LIMO SERVICE!

MAIL FORM TO:

JOSH DIMANCHE
JASMIN LIMO SERVICE
141 MEMORIAL PARKWAY #162
RANDOLPH, MA 02368

EMAIL TO:

JJASMINOIO@GMAIL.COM

AN INVOICE WILL BE SENT EVERY MONTH TO THE EMAIL ADDRESS AND CORPORATE ADDRESS ABOVE. CONTACT JASMIN LIMO SERVICE AT (857) 251-9818 OR VIA EMAIL.