



*Courtesy, Convenience, Reliability*

Dear prospective client,

I would like to introduce BBZ Limousine and Livery Service, Inc. We are one of the metropolitan area's oldest and largest transportation services. We have been providing first class service in the tri-state area for over one hundred years.

Our strong commitment to working "with" our clients helps to solve their most demanding transportation needs. For that reason, our reputation has grown and endured along with our business by always providing the most courteous, convenient, and reliable service to our clients.

Our dedicated, knowledgeable staff and professional chauffeurs take pride in doing their part to ensure that your needs are completely fulfilled. Whether you will be traveling to the airport, train station, or any one of our major cities, BBZ Limousine will take you there in comfort and style.

BBZ Limousine and Livery Service, Inc. is a fully licensed and insured establishment. We accept all major credit cards and corporate accounts are welcomed.

Please take the time to review the following information regarding our fleet and services.

Sincerely,

Nicholas Manoy, Jr.

President

For further information, please visit or contact us at:

BBZ Limousine and Livery Service, Inc.  
115 Woodbine Street  
Bergenfield, NJ 07621

1-800-815-LIMO or 1-201-501-0615  
FAX 1-201-501-0623

[bbzlimo@aol.com](mailto:bbzlimo@aol.com)

[www.bbzlimo.com](http://www.bbzlimo.com)



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## APPLICATION FOR CREDIT CARD USE

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

### CREDIT CARD INFORMATION:

CARD TYPE: AMEX \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER \_\_\_

CARD NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_

CARD HOLDER'S NAME: \_\_\_\_\_

### BILLING ADDRESS (IF DIFFERENT FROM ABOVE):

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



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MONTHLY BILLING: CORPORATE ACCOUNT INFO.

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

BILLING ADDRESS (IF DIFFERENT FROM ABOVE):

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*AUTHORIZED BOOKING AGENTS*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BBZ LIMOUSINE & LIVERY SERVICE, INC. WILL SEND A MONTHLY INVOICE ON THE 1<sup>ST</sup> OF EVERY MONTH. INCLUDED WILL BE A BREAKDOWN OF INDIVIDUAL TRIPS AND CHARGES ALONG WITH BALANCE INFORMATION.

ON THE FOLLOWING PAGES, PLEASE PROVIDE INFORMATION FOR ALL AUTHORIZED TRAVELERS AND PLEASE FAX ALL PAGES BACK TO BBZ LIMOUSINE (201-501-0623) THANK YOU.

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_  
CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

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