



GREEN CAR SERVICE
CHARGE ACCOUNT APPLICATION

Business Name: _____

Authorized person: _____ Tax ID#: _____

Type of Business: _____ When Established: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone #: _____

Email: _____ Fax #: _____

Approximate number of trips per month: _____

Billing option: Credit card Monthly invoice

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

For office use only:

Date account approved: _____ Account#: _____

Date account Notified: _____ Account type: _____

Approved by: _____

If you have any questions or need more information, feel free to c

Contact information including phone and fax numbers.