Pegasus Transport Service, Inc.

CORPORATE ACCOUNT APPLICATION

800 Central Blvd. Suite 2D , Carlstadt, NJ 07072 ~ Tel: 201-867-1677 ~ Fax: 201-867-1623 ~ pegasus@blackcarservice.com			
The process of this application requires a Physical Signature. Please complete the entire application, print it, sign it and fax it to (201) 867-1623			
Company Name (or Personal)			
Address	Street		
Address			
	City		State Zip Code
Bill Attention To			
Contact Person Name		Contact Person Ph	one #
Voucher Required Ye	es 🗌 No	VIP Card	☐ Yes ☐ No
Payment Method (provide us with this info	ormation only if you are paying with a	corporate credit card)	
Credit Card Number			
Card Type	☐ Visa ☐ Master Co	ard Discover	American Express
Card Expiration Date	M Y Security		
Local Bank	I Security	Contact Pe	erson
Credit Card Number		contactre	
	Ctroot		
Billing Address	Street		
	City		State Zip Code
Phone Number		Email	
 The above firm agrees to the office The above firm assumes all finance The above firm authorizes Pegasu There is a \$3.00 processing fee the PEGASUS Transport Service Inc. re Each ride has 5% (five present) fue 	cial obligations with regard to ous Transport Service, Inc. to obto The strain of the cident of the coucher, as services the right to refuse services.	charges incurred by au ain information and ve which is not included in e to firms who are in al	erify above data. n the flat rate. rrears.
Applicant Signature	Title		Date Signed M D Y
Pegasus Transport Respresentative	Date Signed		Please complete the application, print t, sign it and fax it to (201) 867-1623