



BILLING ACCOUNT FORM

Please complete the following information:

DATE: _____

BUSINESS NAME

BUSINESS ADDRESS

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

CONTACT PERSON

WORK PHONE NUMBER

CELL PHONE NUMBER

CONFIRMATION CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE ON CARD

PRINT NAME AS IT APPEARS ON CREDIT CARD

AUTHORIZED CARD HOLDER SIGNATURE

DUNS NUMBER



BILLING ACCOUNT FORM (Page 2)

NAMES OF PERSONNEL AUTHORIZED TO CHARGE SERVICES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I, _____, _____
(NAME) (TITLE)

of _____ am authorized to act as agent / representative
(COMPANY NAME)

for _____ in entering into this Agreement to open a
(COMPANY NAME)

Billing Account effective _____ for the purpose of charging all Limousine / Transportation

services: I agree that I and / or _____ will be held fully responsible for payment of all charges made to this account. In addition, I agree to the following terms:

1. Payment is to be remitted within **15** days of invoice date.
2. There is a \$30.00 fee for returned checks.
3. A finance charge of 2% per month for any unpaid invoices exceeding **15** days net terms.

All accounts MUST have a Credit Card on file with proper ID to open an account. The Credit Card may be charged if payment has not been received within 60 days of receipt of invoice. I also understand that if a trip is not cancelled within the 2 hours cancellation time frame in the United States or not within the 48 hour cancellation time frame on International service or if the passenger does not show up for the confirmed reservation, I will be billed the full amount of the trip.

By signing below, you certify that all information you have given with this application is true and c

AUTHORIZED CARD HOLDER

DATE

PRINT NAME

TITLE