



Phone: (817) 819-6249 Fax: (817) 571-3035

BILLING ACCOUNT APPLICATION FORM

Please fill in the following information:

Date: _____

BUSINESS NAME

BUSINESS ADDRESS

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

CONTACT PERSON

WORK PHONE NUMBER

FAX NUMBER

CONFIRMATION CREDIT CARD NUMBER

EXPIRATION DATE

3 DIGIT SECURITY CODE ON BACK OF CARD (VISA ONLY): _____

PRINT NAME AS IT APPEARS ON CREDIT CARD

AUTHORIZED CARD HOLDER SIGNATURE

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NAMES OF PERSONNEL AUTHORIZED TO CHARGE SERVICES:

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

I, _____ (Name) _____ (Title)

Of _____ (COMPANY NAME) am authorized to act as agent/representation

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

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 30 days of invoice date.
2. There is a \$30.00 fee for returned/insufficient checks.
3. A finance charge of 2% per month for any unpaid invoices exceeding 30 day 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 understand that if a trip is not cancelled within the 3 hour cancellation time frame 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 complete.

AUTHORIZED REPRESENTATIVE DATE

PRINT NAME TITLE

IMPORTANT: To assist us in deterring fraudulent use of credit cards, please fax an enlarged and lightened copy of the FRONT and the BACK of your CREDIT CARD along with this Form to (817)571-3035