

# Elite Limousine Inc. TCP 17486

P.O. 4294 Burlingame, CA

Phone : (650)777-0977 /Toll-Free : (866)964-7433 Fax : (888)331-5649

## - CORPORATE ACCOUNT APPLICATION -

### Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different) : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

Contact Name : \_\_\_\_\_ Phone #: \_\_\_\_\_ / \_\_\_\_\_

Email : \_\_\_\_\_

Is this business incorporated?  Yes  No Number of years in business: \_\_\_\_\_

State of incorporation: \_\_\_\_\_ Federal Tax I.D. Number "if known": \_\_\_\_\_

Brief description of business: \_\_\_\_\_

### Authorized Personnel

Names of Personnel Authorized to Charge Services:

(1) \_\_\_\_\_, (2) \_\_\_\_\_, (3) \_\_\_\_\_

*(If needed, attach additional names of authorized personnel on your company letterhead.)*

### Credit Card Information

Credit Card Type :  AMEX  VISA  MASTERCARD

Credit Card Number : \_\_\_\_\_

Expiration Date : \_\_\_\_\_ / \_\_\_\_\_ CVV/CVV2 (Security Code) : \_\_\_\_\_

Billing Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

**Billing Method**

- Monthly billing – Check to be issued for payment within 21 days from date of invoice. If payment is not received by the due date, I understand that my credit card will be charged for the full amount. (Only for accounts with \$5,000 or more in monthly revenue)
  
- Monthly billing – I authorize Elite Limousine Inc. to charge my credit card at the end of the month for the full amount. (Only for accounts with \$5,000 or more in monthly revenue)
  
- I authorize Elite Limousine Inc. to bill my credit card at the end of each trip.

**Terms of Agreement**

Failure to receive payment in full will subject applicants account to a finance charge, which will be computed on the average daily balance at a monthly rate of 2% (ANNUAL PERCENTAGE RATE OF 24%).

In the event that the account remains unpaid and legal fees therefore are incurred by Elite Limousine Inc., to obtain payment for services rendered or for information and assistance Elite Limousine Inc. may require from whatever source it deems necessary to obtain payment, the applicant shall be held accountable for all expenses incurred in the collection process, including reasonable attorney fees.

The undersigned on behalf of the applicant authorizes Elite Limousine Inc. to conduct a complete and thorough check of all the information supplied to Elite Limousine Inc. Furthermore, the applicant certifies that the above statements are true, correct and complete and have been made by the undersigned for the purpose of inducing Elite Limousine Inc., to extend credit to the applicant knowing that Elite Limousine Inc., will rely thereupon, furthermore the undersigned is fully aware of Elite Limousine Inc.'s cancellation, reservation and billing policies.

\_\_\_\_\_  
Signature

Name :

Title :

Date :