

Elite Limousine Inc.
P.O. 4294 Burlingame, CA 94010
(650)777-0977(866)964-7433, Fax (650)401-2294
TCP-017486

- CORPORATE ACCOUNT APPLICATION -

Business Name: _____

Business Address _____

Business Telephone: _____ / _____ Fax: _____ / _____

Contact Name _____ Phone #: _____ / _____

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: _____

Type of Account Requested:

Monthly billing (our company will issue a check for payment within 30 days).

Monthly billing (I authorize Elite Limousine Inc. to charge my credit card at the end of the month for the whole amount).

I authorize Elite Limousine Inc. to bill my credit card at the end of each trip.

Credit Card Information: Type: VISA _____ MC _____ AMX _____

Name on Card: _____

Credit Card #: _____ Expiration Date: _____

Signature of Authorized User: _____

Authorized Personal to use this account :

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Once this account application is approved, the applicant hereby agrees to and accepts the following terms and conditions: FULL PAYMENT SHALL BE DUE UPON RECEIPT OF STATEMENT. Failure to make payment in full within 30 DAYS of statement closing date 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.

ELITE LIMOUSINE’S POLICIES, TERMS AND CONDITIONS:

*The undersigned acknowledges and agrees that all rates quoted for services provided by Elite Limousine Inc. are estimates only and final charges assessed upon service completion will be based on the actual service provided.

*The undersigned acknowledges and agrees that Elite Limousine Inc. reserves the rights to assess a minimum fee of \$200.00 for any necessary and/or cleaning and /or damage to the vehicle beyond normal wear and tear.

*The undersigned fully understand Elite Limousine’s Cancellation Policy that, Cancellations of all Airport Trips requires at least a twenty four hour notice, and there is a forty eight hour cancellation notice requires for all hourly Charter Services, late cancellations and no-shows will be charged the minimum applicable rate.

*The undersigned acknowledges and agrees that Elite Limousine Inc. is not responsible for personal property left in the vehicles.

Elite Limousine Inc. honestly and sincerely will maintain the schedule submitted by its customers, but such is not guaranteed and liable for delays/service interruptions or damages caused by acts of God, strikes riots, authorities of law, public enemies, hazards or dangers inclement weather, hazardous road conditions, accidents or breakdowns or any other condition beyond its control.

PRINT COMPANY REPRESENTATIVE NAME

COMPANY REPRESENTATIVE SIGNATURE

Please fax this form to: 650-401 2294