



BILLING ACCOUNT APPLICATION

For our corporate clients who frequently employ our services, Excel Limousine Service offers accounts which are designed to expedite the limousine booking process. We have developed this system making it available online in order to meet the individual needs of our most valued corporate clients. Designed to maximize time saved and reservation accuracy, our corporate accounting system allows you to request transportation quickly and easily. In order to simplify payment for services rendered by Excel Limousine, a monthly billing system will be put in place as soon as your application has been processed.

Business Name: _____

Business Address: _____

Mailing Address: (if different): _____

Business Phone: _____ Fax: _____

Contact Name: _____ Phone: _____

Email: _____ Federal Tax ID: _____

Number of years in business: _____ Brief Description of business: _____

Type of Account Requested:

- Monthly billing. Our company will issue a check for payment within 30 days of invoice date.
- Monthly billing. I authorize you to charge my credit card at the end of the month for the whole amount.
- Billing by trip. I authorize you to bill credit card at the end of each trip.

Credit Card Information: Type: Visa () Master Card () Amex ()

Name on Card: _____

Card Number: _____ Exp: ____ / ____ CCV(Security Code): _____

Billing Address: _____ State: _____ Billing Zip: _____

Upon approval, the applicant hereby agrees to and accepts the following terms and conditions: FULL PAYMENT SHALL BE DUE 30 DAYS AFTER RECEIPT OF STATEMENT. There is a \$35.00 fee for returned and/or insufficient checks. 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. The Credit Card may be charged if payment has not been received within 60 days of receipt of invoice. It is further understood that if a trip is not cancelled within 4 hours of schedules pickup or if the passenger does not show up for the confirmed reservation, you will be billed for the full amount of the trip.

Authorized Signature: _____ Title: _____ Date: _____

INSTRUCTIONS 1) Print Billing Account Application 2) Fill out form completely 3) Fax to (626) 421-6316

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