



Phone: 306-664-2222 Fax: 306-652-0348

FOR OFFICE USE ONLY

Acct # _____



BILLING ACCOUNT APPLICATION FORM

Please fill in the following information:

DATE: _____

BUSINESS NAME

BUSINESS ADDRESS

MAILING ADDRESS (IF DIFFERENT)

CITY

PROV.

POSTAL CODE

CONTACT PERSON

WORK PHONE NUMBER

FAX NUMBER

CREDIT CARD NUMBER

CODE

EXPIRY DATE

NAME AS IT APPEARS ON CREDIT CARD

AUTHORIZED SIGNATURE



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NAMES OF PERSONNEL AUTHORIZED TO CHARGE SERVICES:

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

1. _____ (NAME) _____ (TITLE)

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

for _____ (COMPANY NAME) in entering into 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 cheques.
- 3. A finance charge of 2% per month for unpaid invoices exceeding 30 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 understand that if a trip is not cancelled within the 4 hour cancellation time frame of 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 BACK of your CREDIT CARD along with this form to 306-652-0348