



OFFICE USE ONLY		
APPROVAL INITIALS	DATE OF ENTRY	ENTRY INITIALS

## CORPORATE / PERSONAL CHARGE APPLICATION

**CHECK ONE:**     **Corporate Charge Application**                       **Personal Charge Application**

At A-1 Airport Limousine Service, Inc., we have two different methods of payment for charge accounts. Please check ONE of the following:

- INVOICE.** An invoice will be mailed to the account holder for remittance to A-1 Airport Limousine Service, Inc. by check or money order. *This requires a minimum average of \$300 per month or a service fee will be incurred.*
- AUTOMATIC CREDIT CARD PAYMENT.** The credit card listed BELOW will automatically be charged at the time the invoice is generated. The account holder will be mailed the invoice marked paid. There is no minimum service requirement for this method.

### BILLING INFORMATION

Billing Name		Contact Name (n/a to Personal Accounts)	
Contact's Title (n/a to Personal Accounts)	Contact's Phone (Personal Accounts—use home #)	Contact's Email	
Billing Address			Suite/Apt #
City		State	Zip Code
Business Phone Number	Fax Number	Cell Phone Number (Personal Accounts only)	
Invoice Method: <input type="checkbox"/> Standard Mail <input type="checkbox"/> Email (.pdf file)		Email Address for invoice	

### PICKUP LOCATIONS

Please list any frequent locations that will be traveled to and from with our service. For example, a company may include both the office address and a hotel often used for out-of-town visitors.

Location address <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		Major Cross Streets	
City	State	Zip Code	Location Phone #
Location address <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		Major Cross Streets	
City	State	Zip Code	Location Phone #
Location address <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		Major Cross Streets	
City	State	Zip Code	Location Phone #

If only certain persons are authorized to charge to this account, please indicate below; otherwise, all charge requests will be considered authorized. Any additions or changes must be submitted in writing via fax or mail on company letterhead.

If there are additional names, please attach a list with the requested information.

Authorized Name	Phone #	Email
Authorized Name	Phone #	Email
Authorized Name	Phone #	Email

**CREDIT CARD INFORMATION (REQUIRED ON ALL ACCOUNTS EXCEPT CORPORATE INVOICE)**

Credit Card #		Expiration
Name as it appears on card	Billing Street Address	Billing Zip Code
Signature		Date

**CREDIT REFERENCES**

Credit Reference Name		Account #
Contact Name	Contact's Phone	Contact's Email
Address		City State
Credit Reference Name		Account #
Contact Name	Contact's Phone	Contact's Email
Address		City State
Credit Reference Name		Account #
Contact Name	Contact's Phone	Contact's Email
Address		City State
Bank Name		Account #
Contact Name	Contact's Phone	Contact's Email
Address		City State

**FULL DISCLOSURE:** Terms are net 30 days. Any bill not paid within 30 days will be deemed in default. A service charge will be assessed at a rate of 1½% per month until paid. Customer agrees to pay any attorney fees and/or collection agency charges if this item must be referred for collection in a sum equal to the actual fee or commission paid by A-1 Airport Limousine Service, Inc. to said attorney and/or collection agency. The undersigned unconditionally guarantees payment of the outstanding charges owed. This guarantee shall be open and continuing and shall be in full force and effect until written notice of termination is provided to A-1 Airport Limousine Service, Inc.

*In order to open a corporate account, an authorized agent (Corporate Officer, Comptroller, or other authorized person who is legally able to bind the company) must sign the application below.*

**By signing below, the stated party agrees to the above terms and gives A-1 Airport Limousine Service, Inc. the authority to obtain financial information on the balance and payment record from the above reference accounts.**

Corporate/Personal Name: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (n/a Personal Accounts)