
CORPORATE ACCOUNT REQUEST

Business Name: _____

Business Email: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Contact Name: _____

Contact E-Mail: _____ Contact Phone: _____

Federal Tax ID Number: _____ State of Incorporation: _____

Billing Information

Type of Account Requested:

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

Monthly billing and I authorize you to charge my credit card at the end of the month for the whole amount.

I authorize you to bill my credit card at the end of each trip.

Card Type: AMEX Visa MasterCard Discover

Name on Card: _____

Credit Card #: _____ Exp. Date: _____

Name(s) of Personnel Authorized to Order/Charge Services (minimum one)

1. _____ 2. _____

3. _____ 4. _____

LEGAL STATEMENT:

In the event that this credit 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 Alux Limousines, to obtain payment for services rendered or for information and assistance Alux Limousines 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 Alux Limousines to conduct a complete and thorough check of all the information supplied to Alux Limousines. 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 Alux Limousines, to extend credit to the applicant knowing that Alux Limousines, will rely thereupon, furthermore the undersigned is fully aware of Alux Limousines cancellation, reservation and billing policies.

Authorized Signature

Title

Date