



CORPORATE ACCOUNT APPLICATION

We appreciate your continued business and welcome your interest in establishing a corporate account with us. In order to provide you with the best customer service, we require the following conditions to be met before processing your application:

1. Client's base of business operations must reside in New York.
2. Client's banking operations must be based in New York.
3. Client's present business structure must have been in place for at least 4 years.
4. Client must use at least \$1,500 worth of services monthly.
5. Client must place a credit card on file.
6. Client must agree to a 20% gratuity addition to every voucher.

COMPANY INFORMATION

Legal Company Name: _____

Account Name (If different from above): _____

Address: _____ Suite/Apt#: _____

City: _____ State: _____ Zip Code: _____

Nearest Major Intersection: _____

Phone Number: _____ Fax Number: _____

President/CEO: _____

Contact Name/Person: _____ Email Address: _____

Type of Business: _____

How long has the company been operating in its primary line of business? _____

Company Type Corporation Individual Other

If "Other," please specify: _____

State of Incorporation: _____

Federal Tax ID Number or Social Security Number: _____

Dun & Bradstreet Number: _____

Your Corporate Bank: _____ Account Type: _____

Branch Address: _____ City/State/Zip: _____

Company's Account number(s) at this bank: _____

Company's Bank Officer at Branch: _____

Direct Phone # to Officer: _____ Direct Fax #: _____

REFERENCES

Please submit three verifiable credit or professional references which are not connected in any way to your business. References which frequently use your company's services are preferable.

<u>Company Name</u>	<u>City/State</u>	<u>Phone Number</u>	<u>Contact Person</u>	<u>Nature of Business</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby give my express authorization to the aforementioned banking institution, bank officers and three credit or professional references to any persons affiliated thereto or any other individual, company or organization to provide any representative of Legends Limousine, Inc. with any information regarding credit suitability or general reputation. In addition, I hereby waive any liability arising from this exchange of information and release all parties from all liability of any nature.

CREDIT CARD INFORMATION

I hereby authorize Legends Limousine, Inc. to bill my credit card below for transportation services used each month. In addition, I authorize this form to be maintained securely for this express purpose and all other subsequent vehicle transportation that I or my authorized agents partake of in the future through Legends Limousine, Inc. Any transactions completed on my behalf will be marked as "Signature on File" in the voucher signature field. By signing this contract, I hereby waive all rights on behalf of myself and the credit card issuing company to acquire signed credit card vouchers for each ride I bill to the following card for transportation services. Lastly, I recognize that I am aware of all rates charged.

Credit CardType: Visa MasterCard Amex Discover

Account Number: _____ Expiration Date: _____

3 or 4 digit Security Code on Card _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder Signature: _____ **Date:** _____

President/Owner/CEO signature (if not cardholder): _____

1. All invoices for services rendered will be processed on the credit card provided before being faxed or emailed to the client. Please retain these documents for your records.

2. Clients must provide a clear and legible photocopy of the front and back of the credit card listed in addition to a copy of a valid, non-expired a photo I.D. The cardholder's driver's license or passport are considered eligible forms of I.D. when submitting along with the application.

3. Please imprint your company's official seal in the space provided to the right.

Official Seal Goes Here

COMPANY BILLING REQUIREMENTS

Is a P.O., Voucher Number or Dept Code required? Yes: _____ No: _____

If "Yes," please indicate specific requirements:

Account Password: from 1 to 7 characters/numbers or combination. We recommend a password your Authorized Bookers only know, for your protection. Yes: _____ No: _____

If "Yes", please indicate your Password:

Parties Authorized to Book Travel on Behalf of Client

<u>Full Name</u>	<u>Dept/division</u>	<u>Phone Number</u>	<u>Fax number</u>	<u>Email Address</u>

I hereby authorize all individuals listed above to execute charges on behalf of the client applying for this corporate account, solely at the client's expense, for any transportation service orders through Legends Limousine, Inc. Furthermore, I fully acknowledge that the applying company will be wholly liable for all orders executed by authorized representatives listed here. As the signatory, I understand that it is my obligation to remain aware of all information relating to the usage, charges or fees associated with my corporate account at Legends Limousine, Inc. The only valid method of termination of this contract is in the form of a written and signed instruction from me, the signatory. Lastly, I acknowledge that the aforementioned termination is effective only at the time and date such written confirmation is received by Legends Limousine Inc. at its principal office at 88A 4th Avenue Brooklyn, NY 11217.

Individuals Authorized to Partake of Transportation Services

<u>Full Name</u>	<u>Dept/division</u>	<u>Credit Card#</u>	<u>Exp. Date</u>	<u>Home Address</u>

** Any amendments to above information must be made by client and submitted directly to Legends Limousine, Inc. in order for such changes to take effect.*

The signatory understands and concurs that all quoted service rates supplied by Legends Limousine, Inc. are for estimation purposes only. Ultimate charges will be rendered upon completion of service and will reflect the actual services provided to client. The signatory also acknowledges and agrees that all personal property left in the vehicles is not the responsibility of Legends Limousine, Inc. The signatory understands and assents that any necessary cleaning and/or vehicle damage extending beyond customary wear and tear will result in a minimum fee of \$200.00 to the client. All schedules submitted by Legends Limousine, Inc. agents will be met to the best of the company's ability, however, adherence is not guaranteed. Therefore, Legends Limousine, Inc. is not liable for delays or service interruptions resulting from acts of God, strikes, riots, authorities of law,

public enemies, hazards or dangers caused by a state of war, quarantine, perils of navigation, inclement weather, hazardous road conditions, accidents or breakdowns or any other condition beyond its control.

President or CEO Name (Please Print)

Date

President or CEO Name (Signature)