



## **CORPORATE ACCOUNT APPLICATION**

### **BUSINESS INFORMATION:**

Legal Name of Business: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Ext. \_\_\_\_\_

### **TERMS OF PAYMENT:**

It is agreed that payments for all reservations are due a day before the pick-up.

Payment can be made with following credit cards

Credit Card Type: AMEX \_\_\_ VISA \_\_\_ Master Card \_\_\_ Discover

Name on Card: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Please provide us copy of front and back of the Credit Card.)

**NAMES OF PERSONNEL AUTHORIZED TO REQUEST SERVICE**

Full Name \_\_\_\_\_ ext \_\_\_\_\_

Full Name: \_\_\_\_\_ ext \_\_\_\_\_

Full Name \_\_\_\_\_ ext \_\_\_\_\_

Full Name: \_\_\_\_\_ ext \_\_\_\_\_

*(If needed, attach additional names of authorized personnel on your company letterhead)*

**TERMS AND CONDITIONS (Please review the below listed terms and conditions)**

It is agreed that payments for all reservations are due aday before the pick-up.

I agree to High Society Limousine service terms, conditions and rates

A cancellation fee equal to the total trip cost including gratuity will be charged to the above credit card for any cancellation made less than 24 hours before the scheduled pickup time. High Society Limousine cannot be held responsible for passenger flights or trains that are missed, cancelled, diverted, delayed or any other incident the company cannot control which results in failure by the customer to comply with the above required cancellation policy. We will exact our best effort to fulfill client needs, in these instances, subject to wait time fees or late cancellations and rebookings, without detriment to other reserved clients. If for any reason the account balance is not paid, I agree that I will be liable for any and all reasonable legal fees and costs, in addition to my outstanding balance.

I, hereby authorize High Society Limousine. to debit my credit card in the amount listed below or any amounts pre approved by me. I understand that execution of this authorization constitutes

such approval. I assume full responsibility for any and all non payments. The cancellation policy\*\* has been fully explained to me and I understand the same. I further understand that the bellow charges may change based on additional stops, parking, tolls, overtime and other miscellaneous expenses. No further signatures will be required for such a credit card payment.

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AUTHORIZED SIGNATURE /TITLE DATE

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