



CORPORATE ACCOUNT APPLICATION

BILLING INFORMATION:

Company Name: _____

Contact Person(s): _____

Location Address: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

How is this company organized? Corporation, LLC, Partnership, or Sole Proprietorship

State of Incorporation (if a corporation): _____

REFERENCES:

(1) Reference Name: _____

Reference Address: _____

Reference Account Number: _____

(2) Reference Name: _____

Reference Address: _____

Reference Account Number: _____

GUARANTEE INFORMATION: All travel must be guaranteed under conditions stated below.

Circle one: Amex, Visa or MasterCard #: _____ Expiration: ____/____

Full Name on Card: _____ **THE CARDHOLDER MUST SIGN BELOW.**

ACCOUNT CONDITIONS:

1. Airport cancellations must be received at least 04 hrs. prior to scheduled pick up time to avoid charge.
2. Charters and Special events must be canceled at least 1 week in advance to avoid charge.
3. A "No Show" (i.e., reservations not canceled properly) will be billed at corporate rate plus 20% gratuity.
4. Payment is due 14 days after receipt of an invoice. Payments more than 30 days past due will be charged to the credit card under the guarantee information above and will include a 5% late fee.

Authorizing Signature: _____ Date: _____

Please print, complete and fax to 1(866) 824-3236 or email: info@fronttravellimo.com

Front Travel Limousine P.O. Box 61133, Sunnyvale, CA 94088
Tel. 1(408)-738-2000 Fax 1(866)-824-3236 Toll free 1(800)-548-1828
www.fronttravellimo.com, info@fronttravellimo.com