



## Intouch Limo Plus LLC.

1609-1620 Vauxhall Rd suit 323, Union, NJ 07083

1888-760-3111 908-206-0311

908-206-0388 Fax – Ext# 5

### CORPORATE ACCOUNT APPLICATION

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#### BUSINESS INFORMATION:

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

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

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

Date of Incorporation: \_\_\_\_\_ (if applicable)

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 of invoices are due within 15 days from the date of each invoice. In the event of none payment, the below listed credit card will be charged for the balance owed.

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

\_\_\_ Discover \_\_\_ Diners

- Name on Card: \_\_\_\_\_
- Credit Card No. \_\_\_\_\_
- CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**NAMES OF PERSONNEL AUTHORIZED TO REQUEST SERVICE**

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

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

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

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

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



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

The below listed applicant hereby agrees to and accepts the following terms and conditions: FULL PAYMENT OF ALL INVOICES ARE DUE UPON RECEIPT OF STATEMENTS. Failure to make payment in full within 15 DAYS of any statement will automatically authorize Company to charge the credit card on file.

In the event that the account remains unpaid for any reason, \_\_\_\_\_ may pursue legal action and will hold applicant and/or Company liable for all legal and other related expenses, including but not limited to attorney fees, court filing fees, and any other expenses incurred in the collection process.

The undersigned hereby confirms that cancellations of any reservation must be made within **2** hours for a full refund. Cancellation within less than **2** hours is subject to **50** % of the total balance due for the particular trip.

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AUTHORIZED SIGNATURE / TITLE

DATE