

CORPORATE CHARGE ACCOUNT CREDIT APPLICATION/TERMS

You may fax your completed application to 703-276-6660

Company Name: _____

Telephone No. () _____ Fax No. () _____

Address: _____

Billing Address: _____

Bill to Attention of: _____ Type of Business: _____

Legal Structure: () Corporation () Partnership () Sole Proprietorship

Social Security Number if Sole Proprietor _____

Corporate Officers or Partners _____

Controller: _____ Telephone No: _____

===== **REFERENCES** =====

1. Bank _____ Account No. _____

Contact _____ Telephone No. _____

2. Credit Reference _____ Account No. _____

Contact _____ Telephone No. _____

3. Credit Reference _____ Account No. _____

Contact _____ Telephone No. _____

I verify the accuracy of this information and hereby give my consent for the exchange of Information with the above listed references for the purpose of establishing credit.

Signed: _____

Date: _____

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COMPANY NAME:

Your account will be billed semi-monthly with closing dates being the 15th and the last day of each month. Invoices are due upon receipt. Any account exceeding 30 days due (two billing periods) is considered past due. **A late fee of 1 ½ % will be added to any invoice showing a past due balance. Credit service will automatically be suspended on any account exceeding 45 days due. In the event of non-payment, the undersigned agrees to pay any and all costs incurred in collection of this account, including, but not limited to, attorney's fees of 33 1/3 % of the outstanding balance.**

An administrative fee of 3.5% will be added to all current charges. The administrative fee for accounts averaging less than \$50 per billing period will be 10% added to all current charges.

Sedan service originating in the District of Columbia may be subject to a sales tax imposed by that jurisdiction.

The company named above accepts responsibility for charges arising from the use of this account. In the event of unauthorized use of this account, the company named above must notify the Customer Service Department at 703-525-4500 to prevent further charges.

Any questions concerning your billing should be addressed to the Customer Service Department.

This Corporate Charge Account Credit Application may be signed by counter-part signatures and a facsimile copy of this Application shall constitute an original of such Application.

By my signature below, I acknowledge that I have read and agreed to the terms, conditions and disclosures which are part of this application and that I am authorized by the above named company to make this application on their behalf.

Agreed by: _____ Date: _____
(Signature)

Print Name: _____ Title/Position: _____

Please indicate if you are applying for:
taxi account only () sedan account only () both a taxi and a sedan account ()