

Trans Marin Limo

CORPORATE APPLICATION

427 Mendocino Ave. Suite 100-113, Santa Rosa, CA 91604 ~ Tel: 888-821-9888 ~ Fax: 707-615-5063 ~ transmarinlimo@gmail.com ~ www.transmarinlimo.com

The process of this application requires a Physical Signature.
Please complete the entire application, print it, sign it and fax it to (707) 615-5063

E-mail Address

Confirm E-mail Address

Business Name

Business Address **Street**

City **State** **Zip Code**

Mailing Address (If Different) **Street**

City **State** **Zip Code**

Business Phone Number

Business Fax Number

Contact Person Name

Contact Person Phone #

Is this business incorporated? Yes No **State of Incorporation**

Number of years in business:

Federal Tax ID Number:

Brief description of business:

Has this company ever filed for bankruptcy? Yes No

Are P.O. numbers required? Yes No

Type of account requested: (Please choose one of the following)

Bi-Weekly Billing "Pay by Check" (I understand that my company will be billed bi-weekly for the full amount and a payment check is due instantly after receiving the bill).

Bi-Weekly Billing "Pay by Credit Card" (I authorize Trans Marin Limo. to charge my credit card bi-weekly for the whole amount)

Billing Information

Name on Card	<input type="text"/>				
Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	
Card Number	<input type="text"/>				
Card Expiration Date	M <input type="text"/>	Y <input type="text"/>	Security Code	<input type="text"/>	
Billing Address	Street	<input type="text"/>			
	City	<input type="text"/>	State	<input type="text"/>	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Names of Personnel Authorized to Charge Services:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(If needed, fax additional names of authorized personnel on your company letterhead.)

In the event that this credit application is approved, the applicant hereby agrees to and accepts the following terms and conditions: FULL PAYMENT SHALL BE DUE UPON RECEIPT OF STATEMENT. Failure to make payment in full within 15 DAYS of statement closing date will subject applicants account to a finance charge, which will be computed on the average daily balance at monthly rate of 2% (ANNUAL PERCENTAGE RATE OF 24%).

In the event that the account remains unpaid and legal fees therefore are incurred by Trans Marin Limo, to obtain payment for services rendered or for information and assistance Trans Marin Limo may require from whatever source it deems necessary to obtain payment, the applicant shall be held accountable for all expenses incurred in the collection process, including reasonable attorney fees.

The undersigned on behalf of the applicant authorizes Trans Marin Limo. to conduct a complete and thorough check of all the information supplied to Trans Marin Limo.

Furthermore, the applicant certifies that the above statements are true, correct and complete and have been made by the undersigned for the purpose of inducing Trans Marin Limo, to extend credit to the applicant knowing that Trans Marin Limo, will rely thereupon, furthermore the undersigned is fully aware of Trans Marin Limo cancellation, reservation and billing policies.

Print Name	Title	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
Please complete the application, print it, sign it and fax it to (707) 615-5063	Authorized Signature	Date Signed
	<input type="text"/>	M <input type="text"/> D <input type="text"/> Y <input type="text"/>