

ALS Limousine Plus

Corporate Contract

CONTRACT FOR SERVICE

<http://www.alslimoplus.com>

Email: info@alslimoplus.com

Phone: 1-888-282-7646

CLIENT IS RESPONSIBLE FOR CALLING AND VERIFYING THAT WE RECEIVED YOUR CONTRACT

Computerized form: use the mouse or tab key on your computer to move from field to field, or print blank form and fill in by hand.

SIGNATURES ON PAGE 2 ARE REQUIRED.

FAX COMPLETED FORM TO: 1-732-752-0079.

Company Name:

Contact:

Address:

City:

Zip:

Telephone:

Fax:

Type of Business:

Federal ID#:

Credit Card Back-up

Credit Card Number:

CVC:

Expiration Date:

Card Type: AMEX MC VISA OTHER

Name on Card:

Billing Address:

Bank Reference

Bank Name:

Account#:

Contact:

Phone:

Credit References

1. Name:

Phone:

2. Name:

Phone:

3. Name:

Phone:

ALS Limousine Plus

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List Personnel Authorized to Charge Transportation Service to These Accounts

Name: _____	Phone: _____	Ext: _____
Name: _____	Phone: _____	Ext: _____
Name: _____	Phone: _____	Ext: _____

In The Event That These Credit Application is Approved the applicant hereby agree to and accept the following terms and conditions. FULL PAYMENT UPON RECEIPT OF INVOICE, Failure to Make Payment in full within 30 days will subject your account to a late fee and finance charges, will be computed on the average daily balance at a monthly rate of 2%(annual percentage rate of 20%) A Late Fee of Twenty Dollars will be added to your Account every time your Account is past due, In the Event the Account remains unpaid and legal fees therefore are incurred by ALS Limousine Plus, All Court cost s and legal fees necessary to obtain payment will be applied to the debtor. If not Payment we will charge to back up credit card. The undersigned on behalf of the applicant certified that the above statement are true, correct and complete and have been made by the undersigned for the purpose of inducing ALS Limousine Plus., To Extend credit to the applicant knowing that ALS Limousine Plus., Will rely upon.

_____	_____	_____
Authorized Signature For Direct Bill	Title	Date
_____	_____	_____
Authorized Signature to Bill Credit Card	Title	Date

*****ALS Limousine Plus Office Use Only*****

Account # _____ Approved Date _____