

EAGLE EYE LIMOUSINE CORPORATE ACCOUNT APPLICATION

Please mail the completed application to info@eagleeyelimo.com

Company Name: \_\_\_\_\_

Federal Tax ID Number or Social Security Number (Optional): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

President/CEO: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip Code: \_\_\_\_\_

Billing Information

1. Charges will be processed only on completion of each trip and can be faxed to the company for their records.
2. It is optional to accompany a clear and legible photocopy of the front and back of the credit card listed below with this application.

Please include a copy of the front and back of the credit card listed above.

TERMS & CONDITIONS / Rates and Cancellation/No-Show Policy

The undersigned acknowledges and agrees that all rates quoted for services provided by Eagle Eye Limousine are estimates only. Final charges assessed upon service completion will be based on the actual service provided.

Cancellation Policy

Cancellations in the continental United States require at least a twenty four (24) hour notice. There is a seventy two (72) hour cancellation notice required for International reservations, late cancellations

and no-shows will be charged the minimum applicable rate.

Exceptions

The undersigned acknowledges and agrees that Eagle Eye Limousine is not responsible for personal property left in the vehicles. Eagle Eye Limousine shall endeavor to maintain the schedule submitted by its customers, but such is not guaranteed. Eagle Eye Limousine is not liable for delays/service interruptions or damages caused by acts of God, strikes riots, authorities of law, public enemies, hazards or dangers caused by state of war, quarantine, perils of navigation, inclement weather, hazardous road conditions, accidents or breakdowns or any other condition beyond its control.

\_\_\_\_\_

Signature Date

Corporate Account Card Information

Credit Card Type: Visa, MasterCard, AMEX, Discover \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

16 Digits Credit Card Number: \_\_\_\_\_

Customer Telephone Number:( \_\_\_\_\_ ) \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned acknowledge that Eagle Eye Limousine is authorized to charge the CREDIT CARD listed above for our company business travel or my personal use of the car, for the service provided:

\_\_\_\_\_

AUTHORIZED SIGNATURE Date

Please sign and email.

Thank you for your business!