

Billing Account Application Form

Mail completed application to:
Prestige Premier Group, Inc.
P.O. Box 2680
Durham, NC 27715

Please fill in the following information:

Date

Business Name

Business address

Mailing address (if different)

City

State

Zip

Contact Person

Phone number

Fax Number

Confirmation Credit Card Number

Expiration Date

Credit Card type

Security Code (Visa only)

Print Name as it appears on the Credit Card

Authorized Cardholder Signature

Name of personnel Authorized to charge services

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

I, _____
(Name) (Title)

of, _____ am authorized to act as agent/representative
(Company Name)

for, _____ in entering into this Agreement to open
(Company Name)

Billing Account effective _____ for the purpose of charging

all Limousine/Transportation services. I agree that and/or _____

will be held fully responsible for payment of all charges made to this account. In addition, I agree to the following terms:

1. Payment is to be remitted within 10 days of the invoice date.
2. There is a \$35 fee for each returned/insufficient check.
3. A finance charge of 10% per month for any unpaid invoices exceeding 10 Net terms.

By signing below, certify that all the information I have provided in this application is true and complete.

(Authorized Representative) (Date)

All accounts must have Credit Card on file with proper ID to open an account. The Credit Card may be charged if payment is not received within 60 days of receipt of the invoice. I understand that if the trip is not cancelled within 2 hours of pick-up time or if the passenger doesn't show for confirmed reservation, I will be billed the full amount of the trip.