

CORPORATE ACCOUNT APPLICATION

We appreciate your continued business and welcome your interest in establishing a corporate account with us. In order to provide you the best customer service, we require the following conditions be met before processing your application:

- 1) Client's present business structure must have been place for at least 4 years.
- 2) The minimum monthly billing requirement for service is \$1,500.00
- 3) Client must place a credit card on file. A back up card will be required for clients that are invoiced.
- 4) Client must have a corporate bank account.

COMPANY INFORMATION

Legal Name of Business _____

Account Name *(if different)* _____

Business Address _____
(Street Address)

(Suite/Apt #) _____ (City) _____ (State) _____ (Zip Code) _____

Mailing Address _____
(Street Address)

(Suite/Apt #) _____ (City) _____ (State) _____ (Zip Code) _____

Business Phone Number _____ - _____ - _____ Business Fax Number _____ - _____ - _____

Business E-mail _____

Business Website _____

President/CEO _____

President/CEO E-mail _____

Business Industry/Type _____

Federal Tax ID/ Social Security Number _____

State of Incorporation _____

Corporation Individual Other *(please specify)* _____

How long has the company been operating in its primary line of business? _____

Dun & Bradstreet Number _____

BILLING INFORMATION

Billing POC _____
 (First) (Last) (Title)

Billing Phone Number _____ - _____ - _____ Billing Fax Number _____ - _____ - _____

Billing E-mail _____

Alt. Billing POC _____
 (First) (Last) (Title)

Alt. Billing Phone Number _____ - _____ - _____

Alt. Billing E-mail _____

Billing Delivery Preference E-mail Mail

Billing Preference Direct Bill Weekly Invoicing Monthly Invoicing

Payment Preference ACH Direct Debit Credit Card Direct Bill Bill Me Later

Is a P.O., Voucher Number or Dept. Code required? Yes No

If "Yes", please indicate specific requirements:

Corporate Bank _____ Account Type _____

Routing Number _____ Account Number _____

Branch Address _____ City/State/Zip _____

Banker at Branch _____

Banker Direct Phone Number _____ - _____ - _____

I hereby give you my express authorization to the aforementioned banking institution, bank officers and three credit or professional references to any persons affiliated thereto or any other individual, company or organization to provide any representative of Legends Limousine, Inc. with any information regarding credit suitability or general reputation. In addition, I hereby waive any liability arising from this exchange of information and release all parties from all liability of any nature.

REFERENCES

Company Name	City/State	Phone Number	Contact Person	Nature of Business

AUTHORIZATION

I hereby authorize all individuals listed below to execute charges on behalf of the client applying for this corporate account, solely at the client's expense, for any transportation service orders through National Luxury Car Service LLC. Furthermore, I fully acknowledge that the applying company will be wholly liable for all orders executed by authorized representatives listed here. As the signatory, I understand that it is my obligation to remain aware of all information relating to the usage, charges or fees associated with my corporate account at National Luxury Car Service LLC. The only valid method of termination of this contract is in the form of a written and signed instruction from me, the signatory. Lastly, I acknowledge that any request for termination is effective only at the time and date such written confirmation is received by National Luxury Car Service:

Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address
Full Name	Dept./Division	Phone Number	Email Address

**Any amendments to above information must be made by client and submitted directly to Legends Limousine, Inc. in order for such changes to take effect.*

The signatory understands and concurs that all quoted service rates supplied by National Luxury Car Service LLC are for estimation purposes only. Ultimate charges will be rendered upon completion of service and will reflect the actual services provided to client. The signatory also acknowledges and agrees that all personal property left in the vehicles is not the responsibility of National Luxury Car Service LLC. The signatory understands and assents that any necessary cleaning and/or vehicle damage extending beyond customary wear and tear will result in a minimum fee of \$200.00 to the client. National Luxury Car Service LLC is not liable for delays or service interruptions resulting from acts of God, strikes, riots, authorities of law, public enemies, hazards or dangers caused by a state of war, quarantine, perils of navigation, inclement weather, hazardous road conditions, accidents or breakdowns or any other condition beyond its control.

CEO/President Printed Name

CEO/President Signature

Date