



**LEGACY ONE**  
LIMOUSINE SERVICES  
**BILLING ACCOUNT FORM**

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*Please complete the following information:*

DATE: \_\_\_\_\_

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BUSINESS NAME

---

BUSINESS ADDRESS

---

MAILING ADDRESS (IF DIFFERENT)

---

CITY

---

STATE

---

ZIP CODE

---

CONTACT PERSON

---

WORK PHONE NUMBER

---

CELL PHONE NUMBER

---

CONFIRMATION CREDIT CARD NUMBER

---

EXPIRATION DATE

---

SECURITY CODE ON CARD

---

PRINT NAME AS IT APPEARS ON CREDIT CARD

---

AUTHORIZED CARD HOLDER SIGNATURE

---

DUNS NUMBER



## BILLING ACCOUNT FORM (Page 2)

NAMES OF PERSONNEL AUTHORIZED TO CHARGE SERVICES:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

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I, \_\_\_\_\_, \_\_\_\_\_  
(NAME) (TITLE)

of \_\_\_\_\_ am authorized to act as agent / representative  
(COMPANY NAME)

for \_\_\_\_\_ in entering into this Agreement to open a  
(COMPANY NAME)

Billing Account effective \_\_\_\_\_ for the purpose of charging all Limousine / Transportation

services: I agree that I 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 30 days of invoice date.
2. There is a \$30.00 fee for returned checks.
3. A finance charge of 2% per month for any unpaid invoices exceeding 30 day Net terms.

All accounts MUST have a Credit Card on file with proper ID to open an account. The Credit Card may be charged if payment has not been received within 60 days of receipt of invoice. I also understand that if a trip is not cancelled within the 24 hour cancellation time frame in the United States or not within the 48 hour cancellation time frame on International service or if the passenger does not show up for the confirmed reservation, I will be billed the full amount of the trip.

By signing below, you certify that all information you have given with this application is true and complete.

\_\_\_\_\_  
AUTHORIZED CARD HOLDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE