

# CREDIT CARD BILLING ACCOUNT APPLICATION

ACCOUNT NUMBER:  
(OFFICE USE ONLY)

ALL FIELDS MARKED WITH AN ASTERISK (\*) ARE REQUIRED.

## TELL US ABOUT YOUR COMPANY OR YOURSELF

Company Name: (If Applicable)

Company Address: (If Applicable)(Street/City/State/Zip/Country)

Booking Contact Name:\*

Booking Contact Title: (If Applicable)

Booking Contact Business Phone Number:

Booking Contact Mobile Phone Number:

Booking Contact Fax Number:

Booking Contact Email Address:\*

## TELL US ABOUT YOUR COMPANY OR YOURSELF

- All rides will be billed individually using the credit card that must be provided at the time of reservation is made. The credit card will be charged upon completion of the trip. Each of your rides will appear as a separate transection on your credit card statement.

Credit Card Type:\*

AMERICAN EXPRESS  DINERS CLUB  DISCOVER  MASTER CARD  VISA

Booking Contact Email Address:\*

Credit Card Expiration Date:\*

Credit Card CVV Code:\*

Credit Card Billing Address:\*(Street/City/State/Zip/Country)

Credit Card Holder Name:\*

## CREDIT CARD ACCOUNT HOLDER SIGNATURE ON FILE AUTHORIZATION

- Please note that approver must be authorized user of the above listed Credit Card.

Date:\*

Signature:\*

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- I hereby authorize my signature to be on file with BostonAsapCoach for the purpose of charging transportation services on my credit card for my Personal and/or Guest use and/or Company Business Travel. I authorized the associated credit card company designated above to accept this form as in lieu of my signature appearing on each individual credit card receipt for transportation services rendered. I have also read and agreed with BostonAsapCoach's Privacy Policy and Terms & Conditions.

Please complete and Sign this form, then either Email to [account\\_request@bostonasapcoach.com](mailto:account_request@bostonasapcoach.com) or Fax it to 617.500.9945

Thank you for choosing our Chauffeured Transportation Services. We look forward to serving you soon.