

DIRECT BILL ACCOUNT APPLICATIONACCOUNT NUMBER:
(OFFICE USE ONLY)

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

TELL US ABOUT YOUR ORGANIZATION

Is your organization a ...

Hotel YES NOTravel Agency YES NOChauffeured Transportation Company YES NO

If your firm is a part of larger organization

Parent Company Name **TELL US ABOUT YOUR COMPANY AND YOURSELF**Company Name:* Company Type: Company Address: (If Applicable)(Street/City/State/Zip/Country) EIN Number: (If Available) D&B Number: (If Available) Booking Contact Name:* Booking Contact Title:* Booking Contact Business Phone Number:* Booking Contact Fax Number: Booking Contact Email Address:* **ACCOUNTS PAYABLE CONTACT INFORMATION**Contact Name:* Contact Title:* Accounts Payable Phone Number:* Accounts Payable Mobile Phone Number: Accounts Payable Fax Number: Accounts Payable Email Address:* **BANK REFERENCE**Bank Name:* Bank Address:*(Street/City/State/Zip/Country) Contact Name:* Contact Phone Number:* Contact Fax Number: Email Address:* Account Number:* **TRADE REFERENCE ONE**

Please Note: Landlords, utilities, and other ground transportation companies will not be accepted.

Company Name:* Company Address:*(Street/City/State/Zip/Country) Contact Name:* Contact Phone Number:* Contact Email Address:* **TRADE REFERENCE TWO**

Please Note: Landlords, utilities, and other ground transportation companies will not be accepted.

Company Name:* Company Address:*(Street/City/State/Zip/Country) Contact Name:* Contact Phone Number:* Contact Email Address:* **TRADE REFERENCE THREE**

Please Note: Landlords, utilities, and other ground transportation companies will not be accepted.

Company Name:* Company Address:*(Street/City/State/Zip/Country) Contact Name:* Contact Phone Number:* Contact Email Address:*

* Applicant authorizes all credit references, banks and credit reporting agencies to disclose to BostonAsapCoach all pertinent information concerning the financial and credit history of the applicant.

CREDIT CARD ON FILE (REQUIRED)Credit Card Type:* AMERICAN EXPRESS DINERS CLUB DISCOVER MASTER CARD VISACredit Card Account Number:* Credit Card Expiration Date:* Credit Card CVV Code:* Credit Card Billing Address:*(Street/City/State/Zip/Country) Credit Card Holder Name:* **CREDIT CARD HOLDER SIGNATURE ON FILE AUTHORIZATION**

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

Date:* Signature:*

* I hereby authorize my signature to be on file with BostonAsapCoach for the purpose of monthly charging transportation services on my credit card for my 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 Personal Signature appearing on credit card receipt for transportation services rendered.

PAYMENT OPTIONS

BostonAsapCoach offers the following Payment options:

- Payments can be made by ACH deposit electronically or by US mail each month.
- Payments can be applied to a single Credit Card at the end of each month

TERMS OF PAYMENT

• Invoices are due upon receipt. A late fee of 2% per month will be added to all invoices that have not paid within thirty (30) days after the invoice is received. In case of errors or questions with regards to your invoice, BostonAsapCoach must hear from you within 3 weeks of receiving the invoice in writing, on which a specific issue has appeared. You may withhold the payment on the amount in question while we are investigating the charge(s). You remain obliged to pay any part of the invoice that is not in question including any late fee.

• In the event of your account is outstanding in excess of sixty (60) days, it will be considered as a delinquent or in default. BostonAsapCoach reserves the right to place accounts that are determined to be delinquent or in default on credit hold and charge the Credit Card on File for the balance owed, including any late fee. Additionally, if a Credit Card on File is inactive, expired, or for other reason is not charged the outstanding balance owed, BostonAsapCoach reserves the right to initiate a collection proceeding on such accounts. BostonAsapCoach will collect any and all attorney's fees, collection expenses, and court costs incurred by BostonAsapCoach in its effort to collect the outstanding balance owed. Additionally, BostonAsapCoach reserves the right to convert all overdue accounts to a credit card only status for the service provided in the future.

• By signing this Direct Bill Account Application, you agree to the terms of this application, and consent to BostonAsapCoach contacting the credit references listed herein.

SIGNATURE OF APPROVER

* Please note that approver must be an officer or authorized agent legally able to bind the Company.

Title:* Date:* Signature:*

* By signing your name in the box above, you are authorizing BostonAsapCoach to verify the above information, contact your bank and other trade references, research your credit history including Dunne & Bradstreet inquiry and provide information about our credit experience with you. You are also agreeing to our Payment Terms & Conditions.

Please complete and Sign this form, then either Email to 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.