**Phone** (877) 416-9696

Fax (310) 734-1548





FARM IN AFFILIATE

# New Account Application

### **Business Information**

	Suite #:
	State: Zip:
	Business FAX #:
Affiliate Manager:	Phone #:
Accounting Manager:	Phone #:
Business Owner:	Phone #:
Please provide the following em	nail address for:
Reservation Confirmations:	
Invoices & Receipts:	
Ride Status Notifications:	
General Correspondence:	
ment Information	
Credit Card on File, OR	Use the following Credit Card Information:
ment Information  Credit Card on File, OR  Card Type: Visa	
Credit Card on File, OR	☐ Use the following Credit Card Information:  ] Mastercard ☐ Discover ☐ American Expres
ment Information  Credit Card on File, OR  Card Type: Visa	☐ Use the following Credit Card Information:  ☐ Mastercard ☐ Discover ☐ American Expresed ☐ Billing Address Same as Business, OR
ment Information  Credit Card on File, OR  Card Type: Visa  Card No.	☐ Use the following Credit Card Information:  ] Mastercard ☐ Discover ☐ American Expres
ment Information  Credit Card on File, OR  Card Type: Visa  Card No.  Security Code:  Billing Address:	Use the following Credit Card Information:  Mastercard □Discover □American Express □Billing Address Same as Business, OR □Use the Following Billing Address:
ment Information  Credit Card on File, OR  Card Type: Visa  Card No.  Security Code:  Billing Address:  City:	☐ Use the following Credit Card Information:   ☐ Mastercard ☐ Discover ☐ American Express   ☐ Billing Address Same as Business, OR ☐ Use the Following Billing Address: ☐ Suite #:

Phone (877) 416-9696
Fax (310) 734-1548
Email info@ogunlimo.com
Website www.ogunlimo.com

Ogun Limo Services | 1227 S. La Brea Ave. | Inglewood, CA 90301

#### **BUSINESS ACCOUNT**

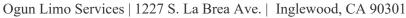
# Credit Application (Page 1 of 2)

### **Business Contact Information**

Business Name:			
Business Start Date: Business Phone #:		<i>7</i> 1	☐ Sole Proprietorship ☐ Partnership ☐ Corporation
Business FAX #:			Other
Address:		St	uite #:
City:	State:	Zip:	
Business Email:			
redit Information			
Bank Name:			
Bank Phone #:		Account Types:	
Bank Fax #:			☐ Savings ☐ Other
Account Since:			
Account No.:			
Bank Contact Name:			
eferences			
Company Name:			
Contact Name:		Phone #:	
Company Name:			
Contact Name:		Phone #:	
Company Name:			
Contact Name:		Phone #:	

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**BUSINESS ACCOUNT** 

## Credit Application (Page 2 of 2)

#### Agreement

- 1. All invoices must be paid in full within 30 days from the date of invoice.
- 2. All claims must be made within 7 days
- 3. By submitting this application, you authorized Ogun Limo Services to make inquiries to your banking and business references as supplied on this form.

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Si	yn.	all	<i>A. I</i>	K.N
~ -,	<b>-</b>			~~

Sign Name		
Today's Date		

Please send completed forms via:

FAX (310) 734-1548 EMAIL info@ogunlimo.com