

FARM IN AFFILIATE

New Account Application

Business Information

Business Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Business Phone #: _____ Business FAX #: _____

Affiliate Manager: _____ Phone #: _____

Accounting Manager: _____ Phone #: _____

Business Owner: _____ Phone #: _____

Please provide the following email address for:

Reservation Confirmations: _____

Invoices & Receipts: _____

Ride Status Notifications: _____

General Correspondence: _____

Payment Information

☐ Credit Card on File, OR ☐ Use the following Credit Card Information:Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American ExpressCard No. Security Code: ☐ Billing Address Same as Business, OR☐ Use the Following Billing Address:

Billing Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

I authorize Ogun Limo Services to charge this credit card for services rendered.

Authorized Signature: _____

Please include a copy of the credit card and driver's license, FRONT & BACK.

BUSINESS ACCOUNT

Credit Application (Page 1 of 2)

Business Contact Information

Business Name: _____

Business Start Date: _____ Business Type: ☐ Sole ProprietorshipBusiness Phone #: _____ ☐ PartnershipBusiness FAX #: _____ ☐ CorporationAddress: _____ Suite #: _____ ☐ Other

City: _____ State: _____ Zip: _____

Business Email: _____

Credit Information

Bank Name: _____

Bank Phone #: _____ Account Types: ☐ CheckingBank Fax #: _____ ☐ SavingsAccount Since: _____ ☐ Other

Account No.: _____

Bank Contact Name: _____

References

Company Name: _____

Contact Name: _____ Phone #: _____

Company Name: _____

Contact Name: _____ Phone #: _____

Company Name: _____

Contact Name: _____ Phone #: _____

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.

Signatures

Print Name

Sign Name

Today's Date

Please send completed forms via:

FAX (310) 734-1548

or

EMAIL info@ogunlimo.com