



Application for a Corporate Direct-Bill Account

Thank you for your interest in Angel Limousines, LLC. Please know that all travel booked to a direct-bill account will be invoiced monthly, and all payments are due upon receipt of the invoice. You may choose any of these three direct-bill payment options:

- **Mail** payments to Angel Limousines, LLC; 206 High Ridge Rd. Stamford. CT 06905
- **Charge** all rides to a single credit card in one lump sum at the end of each fiscal month. Please send a letter of authorization on your company letterhead to: Angel Limousines, LLC. 206 High Ridge Rd, Stamford, CT 06906; attn: Credit and Collections Department, or fax it to 203-274-5169.

I. Company Information

The following is required for all application:

Company name: _____ Date: _____

Address: _____
Street City State Zip

Main contact name & title: _____

Telephone Number: _____ Fax number: _____

Email (required): _____

II. Credit Information

Please provide information on your corporate credit card. We require a credit card as backup for your direct-bill account.

American Express _____ Discover _____ Visa _____ Master Card _____

Card number: _____ Expiration date: _____

Cardholder name: _____ Signature: _____

As part of the application process, Angel Limousines, LLC. will conduct a Dun & Bradstreet inquiry about your company. To expedite this process, we ask that you please provide your D&B number below, or check the "unknown" box.

Dun & Bradstreet number: _____

Unknown: I authorize Angel Limousines, LLC. to conduct a search on this company: _____

Bank Reference. Please provide:

Bank name: _____ Account number: _____

Address: _____
Street City State ZIP

Main contact: _____

Telephone number: _____ Fax number: _____

Email (required): _____

Signature (required): _____

III. Billing Contact Information

Please provide:

Billing contact name: _____

Billing contact title: _____

Address: _____
Street City State ZIP

Telephone number: _____ Fax number: _____

Email (required): _____

Continue ►

IV. Trade References

Please provide four business references. (Note: landlords, utilities and other ground transportation companies will not be accepted).

Company name		Account number	
Number and street		Main contact	
City and state	ZIP	Telephone	Fax Number (required)
Company name		Account number	
Number and street		Main contact	
City and state	ZIP	Telephone	Fax Number (required)
Company name		Account number	
Number and street		Main contact	
City and state	ZIP	Telephone	Fax Number (required)
Company name		Account number	
Number and street		Main contact	
City and state	ZIP	Telephone	Fax Number (required)

Terms of Payment & Acknowledgement

Angel Limousines, LLC. invoices are upon receipt. Interest at a rate of 1.5% per month will be added to all invoices that have not been paid by more than thirty (30) days after receipt. In case of errors or questions with your invoice, Angel Limousines, LLC. must hear from you in writing no later than thirty (30) days after you receive the invoice on which the specific issue appeared. You may withhold payment on the amount in question while we are investigating the charge(s). You remain obligated to pay any part of the invoice that is not in question, including any finance charges incurred.

In the event that your account is outstanding in excess of sixty (60) days, it will be considered delinquent or in default. Angel Limousines, LLC. reserves the right to place accounts determined to be delinquent or in default on credit hold and charge the credit card on file for the balance owed, including any finance charges. Angel Limousines, LLC. reserves the right to collect any and all attorney's fees, collection expenses, and court costs incurred in its efforts to collect balances owed when a credit card on file is inactive, or for any other reason, cannot be charged. Additionally, Angel Limousines, LLC. reserves the right to convert all overdue accounts to credit-card-only status for services provided in the future.

By signing below you agree to the terms of this application and to Angel Limousines, LLC. contacting the references listed herein. If this application is for a corporate account, the signee must be an officer or authorized representative legally able to bind the company.

Name

Title

Signature

Date

Please send application to accounting@angel-limos.com, or fax it to 203-724-5169. We will process your application, and your account executive will contact you within two business days. Thank you.

For Angel Limousines, LLC. use only:

Events account FINDRA BD Number _____ Sales Initials _____