

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 Express

Card 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: <input type="checkbox"/> Sole Proprietorship
Business Phone #:	_____	<input type="checkbox"/> Partnership
Business FAX #:	_____	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Other
Address:	_____	Suite #: _____
City:	_____	State: _____ Zip: _____
Business Email:	_____	

Credit Information

Bank Name:	_____	
Bank Phone #:	_____	Account Types: <input type="checkbox"/> Checking
Bank Fax #:	_____	<input type="checkbox"/> Savings
		<input type="checkbox"/> Other
Account Since:	_____	
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