

FARM OUT AFFILIATE

New Account Application

Corporate Information

Corporation Name:	_____				
Affiliate Manager:	_____	Phone #:	_____		
Address:	_____		Suite #:	_____	
City:	_____	State:	_____	Zip:	_____
Business Phone #:	_____	Business FAX #:	_____		
Business Email:	_____				
Years in Business:	_____	Federal Tax ID#:	_____		

Ownership

Corporation:	_____	Partnership:	_____	Other:	_____
<i>Please list Credit Card Information for Guarantee:</i>					
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	
Card No.	<input type="text"/>				
Security Code:	<input type="text"/>	<input type="checkbox"/> Billing Address Same as Business, OR			
		<input type="checkbox"/> Use the Following Billing Address:			
Billing Address:	_____		Suite #:	_____	
City:	_____	State:	_____	Zip:	_____

Corporate Officer

President:	_____	Phone #:	_____
Email:	_____		
Accts Payable Contact:	_____		
Dispatch Contact:	_____		

Fleet Information

Number of Sedans: _____ Make, Model, Color and Year: _____

Number of SUVs: _____ Make, Model, Color and Year: _____

Number of Vans: _____ Make, Model, Color and Year: _____

Number of Vans: _____ Number of Passengers: _____ Year: _____

Number of Minibuses: _____ Number of Passengers: _____ Year: _____

Number of Buses: _____ Number of Passengers: _____ Year: _____

Other: _____

Submit Certificate of Insurance to

Ogun Limo Services | 4714 W. 163rd St. | Lawndale, CA 90260

Name Additional Insured on the attached certificate

** Dispatch must be notified IMMEDIATELY of any changes made to existing reservations, accidents, lateness, wait time, and/or special requests by customer.

** Do not collect directly from client, do not discuss pricing and do not issue any receipts.

Please send completed forms via:

FAX (310) 734-1548

or

EMAIL info@ogunlimo.com

What Cities/Airports do you service: _____

Are you staffed 24 hours, 7 Days-a-week: _____

Do you charge for tolls: _____ Parking: _____

Other Charges: _____

Are you able to close out jobs and submit charges within a 48 hours period: _____

Do your chauffeurs have pagers: _____ Cellphone: _____

How do you monitor/track flights (dispatch or chauffeur: _____

Do you spot 15 minutes before scheduled pickup time: _____

If no, Explain: _____

Do you subcontract your affiliate work: _____

Are you chauffeurs company employees, independent contractor, or subcontractor:

What is the uniform policy for your chauffeurs: _____

Are you a member of NLA? _____ Local Association: _____

I attest that all of the above information submitted in this application is true and correct. I agree to provide Ogun Limo Services the revised information in the event that any of the above information, other than changed to the fleet, is modified. I authorize our account to be billed by the credit card presented.

Signature: _____ Date: _____