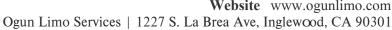
Phone (877) 416-9696

Fax (310) 734-1548





FARM OUT AFFILIATE

New Account Application

Corporate Information

Corporation Name:		
Affiliate Manager:	Phone #:	
Address:		Suite #:
City:	State:	Zip:
Business Phone #:	Business I	FAX #:
Business Email:		
Years in Business:	Federal Tax ID#:	
nership		
Corporation:	Partnership:	Other:
Please list Credit Card Info	ormation for Guarantee:	
Card Type: Visa	Mastercard Disco	ver American Express
Card No.		
Security Code:	☐ Billing Address Same as Business, OR ☐ Use the Following Billing Address:	
Billing Address:		Suite #:
City:	State:	Zip:
porate Officer		
President:	Phone #:	
Email:		
Accts Payable Contact:		



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

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

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 | 1227 S. La Brea Ave | Inglewwod, CA 90301 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.

Please send completed forms via:

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

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

Phone (877) 416-9696





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:				
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:				