



2801 S. 25th Avenue
 Broadview, Illinois 60155
 Tel: 847-916-9300 or
 1-866-94-WINDY
 Fax: 847-455-2009
 www.windycitylimos.com

Fax Application to **847-327-1500** Attn: Accounting

**DIRECT BILL ACCOUNT APPLICATION-PLEASE PRINT CLEARLY
 PLEASE READ COMPLETELY AND CAREFULLY**

All applications submitted must be signed by an authorized party or agent of the applicant business firm. An incomplete or unsigned form will delay the approval processing of your request

PRIMARY INFORMATION: Date: _____

Main Contact _____

Company Name _____ Dun & Bradstreet # _____

Primary Address _____

City _____ Country _____ State ____ Zip Code _____

Phone # _____ Fax # _____ E-Mail _____

BILLING INFORMATION and AP CONTACT INFORMATION

Main Contact _____

Company Name _____

Primary Address _____

City _____ Country _____ State ____ Zip Code _____

Phone # _____ Fax # _____ E-Mail _____

Name of person(s) authorized to bill account _____

Estimated Annual Chauffeur Transportation Spend (\$) _____ How long have you been in operation? _____

Your approximate annual sales volume _____ Number of employees _____

BUSINESS TYPE:
CORPORATION () **LLC** () **Other** (specify) _____

Incorporated State of _____ **FEIN/ TAX ID:** _____

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

**Dunn & Bradstreet
 Number** _____

PARENT COMPANY OR OWNER:

Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone # _____ Fax # _____ Website _____

BANK and VENDOR REFERENCES

Bank Name/Account # _____ Address _____

City _____ State _____ Zip Code _____

Vendor Name/Account # _____ Address _____

City _____ State _____ Zip Code _____

Vendor Name/Account # _____ Address _____

City _____ State _____ Zip Code _____



FINANCIAL AUTHORIZATION

TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize Windy City Limousine to perform a complete credit review of the applicant and its principals, as individuals, and to provide this information to others as necessary to secure credit approval. I also authorize the above bank and trade references to release any information that may be requested by Windy City Limousine. I certify this statement is true and correct.

Signature

Title

Date

AGREEMENT TERMS AND CONDITIONS

The undersigned hereby makes this application for credit to Windy City Limousine, and in making this application the undersigned agrees to be bound by all of the terms and conditions, contained in this Credit Application, any documents referenced in this Credit Application or any supplements. The undersigned agrees to pay for all purchases of chauffeured transportation service rendered and such other charges upon receipt of invoice. No terms or conditions of any Agreement, reservation or order different from the standard terms will become part of any transaction unless specifically approved in writing by Windy City Limousine. This agreement shall apply to all current and future charges unless revocation is received by registered mail.

CANCELLATION AND CHANGE POLICY

Any cancellations or changes are to be made in accordance with Windy City Limousine Policy. Failure to advise Windy City Limousine of a change or cancellation will result in a "No Show" charge to the account. Communicating the change or cancellation through the same booking source as the reservation is integral. The undersigned consents that failure to change or cancel the reservation through the same booking source will result in a "No Show" charge to the account, unless specifically waived by Windy City Limousine.

PRICING OF SERVICES

The undersigned hereby agrees to the pricing of services in accordance with Windy City Limousine's pricing structure in effect at the time the reservation is made. Such pricing structure is available upon request. The undersigned consents to said pricing structure regardless of whether or not such pricing structure is requested or reviewed.

AGREEMENT TO PAY

The undersigned hereby confirms that upon approval of account, he or she is responsible for payment to Windy City Limousine for chauffeured transportation service rendered. The undersigned confirms that they have read this document and agrees to the terms contained.

In consideration of this account being established by Windy City Limousine, Inc., I/we certify the truthfulness of the information appearing above.

Authorized Signature: _____
(Individually)

Witness: _____

Printed Name: _____ Date: _____

Print Name: _____ Date: _____

The following credit card number is to be placed on file, as guarantee of payment should the company be unable to pay:

Credit Card Number: _____

EXP DATE: _____ **CVV CODE** _____

Cardholders Name: _____

Credit Card Billing Address: _____

Zip Code: _____

Signature: _____

IMPORTANT: Please attach enlarged and legible copy of the Front and Back of the card and ID.

PLEASE ATTACH A COPY OF YOUR CURRENT W9