

GOTHAM SHUTTLE "UGTXIÆG

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NEW ACCOUNT APPLICATION

Thank you for your interest in opening a corporate account with our company.

We would like to be able to offer the ease of an account to everyone but before we process your application please consider the following requirements:

- Your company must be in operation under its present structure, for at least 4 years.
- Must use a minimum of \$1,200 per month worth of service
- Must have Credit Card on File

Company Information

Legal Company Name: _____

Account Name (If different from above): _____

Address: _____ Suite/Apt#: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

President/CEO: _____

Contact Name/Person: _____ Email Address: _____

Type of Business: _____

How long has the company been operating in its primary line of business? _____

Corporation: _____ Individual: _____ Other: _____

If "Other," please specify: _____

State of Incorporation: _____

Federal Tax ID Number or Social Security Number: _____

Your Corporate Bank: _____ Type of Account: _____

Branch Address: _____ City/State/Zip: _____

Company's Account number(s) at this bank: _____

Company's Bank Officer at Branch: _____

Direct Phone # to Officer: _____ Direct Fax #: _____

List three unrelated, checkable credit or business references which are unconnected personally, financially or organizationally to your company. Pick companies which frequently invoice your company.

<u>Company Name</u>	<u>City/State</u>	<u>Telephone</u>	<u>Contact Person</u>	<u>Nature of Business</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

I hereby authorize and request the above named bank, bank officer, 3 credit or business references and any persons connected thereto or any other person, agency, company or organization to furnish to any representative of Gotham Shuttle"Ugtxleg, Inc. any information they may have concerning our corporate credit worthiness or general reputation. Further, I hereby release each such person, agency, company or organization from all liability of whatever nature by reason of furnishing such information to"Gotham Shuttle Service"or to any agent or agency acting on its behalf.

Credit Card Information

(Visa, MasterCard, Amex, and Diners Accepted)

For my convenience, I am authorizing **Gotham Shuttle Service** to bill transactions for transportation services on my credit card selected below. I also authorize this form to be kept on file and used for this and any subsequent vehicle transportation I, or my authorized agents book in the future with **Gotham Shuttle Service**. Transactions executed on my behalf will read "Signature on File" on the signature line of the credit card voucher. By executing this document, I waive any rights for me or the credit card issuing company; for **Gotham Shuttle Service** to provide a signed credit card voucher for each individual ride I bill to this card for transportation services. I also acknowledge that I am fully aware of the rates charged.

Credit Card Type: _____ Expiration Date: _____

Account Number: _____

4 Digit Security # from Account Number on Amex Card/3 Digit Security # on back of all others: _____

Name as it Appears On Card: _____

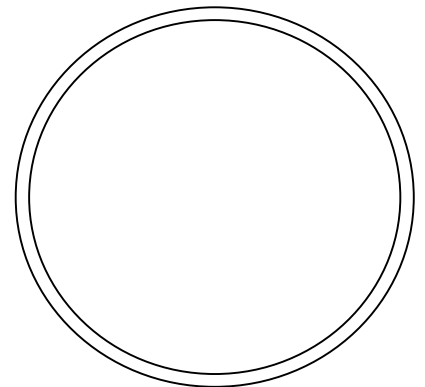
Authorized Signature: _____ Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

President/Owner/CEO signature (if not cardholder): _____

- 1. Invoices will be processed on the credit card and then faxed or e-mailed to the company for their records.*
- 2. It is necessary to accompany a clear and legible photocopy of the front and back of the credit card listed as well as a copy of a photo I.D. such as the cardholder's driver's license or passport along with your application.*
- 3. Please imprint your company's official seal here:*



Company Billing Requirements

*Travel Arrangers Authorized To Make Reservations

Name	Dept/Division	Phone #	Fax #	Email Address

*On behalf of the company applying for this charge account, I hereby authorize all of the individuals listed to be able to place upon such charge account, solely at the applying company’s expense, any orders for any of the services or transportation available through Gotham Shuttle Service, Inc. I understand that we, the applying company, shall always be solely liable for any and all orders placed by or executed on behalf of or in connection with any of the people I list below (in addition to myself); that it always shall be my sole responsibility to keep myself adequately informed regarding any and all details of the usage, costs or expenses incurred by any and all such people; and that only by Gotham Shuttle Service receipt of a written and signed instruction from me alone to terminate any one or more of the following authorizations shall I or the company be able to effect any such termination(s). I further understand that such termination would take effect only at the time and date when Gotham Shuttle Service at its principal office at 3505 Lake Lynda Dr. Orlando FL.32817 , actually receives such written instruction.

***Personnel Authorized To Travel in Vehicles**

Name	Dept/Division	Credit Card #	Exp. Date	Home Address

**Responsibility to advise Gotham Shuttle'Ugt.xleg of any changes in the aforementioned lists lies solely on your company.*

Terms & Conditions

The undersigned acknowledges and agrees that all rates quoted for services provided by **Gotham Shuttle'Ugt.xleg** are estimates only. Final charges assessed upon service completion will be based on the actual service provided.

The undersigned acknowledges and agrees that **Gotham Shuttle Service** is not responsible for personal property left in the vehicles. The undersigned also acknowledges and agrees that **Gotham Shuttle Service** reserves the rights to assess a minimum fee of \$200.00 for any necessary cleaning and/or damage to the vehicle beyond normal wear and tear.

Gotham Shuttle Service shall endeavor to maintain the schedule submitted by its agent or employee, but such is not guaranteed. **Gotham Shuttle Service** is not liable for delays/service interruptions or damages caused by acts of God, strikes, riots, authorities of law, public enemies, hazards or dangers caused by a state of war, quarantine, perils of navigation, inclement weather, hazardous road conditions, accidents or breakdowns or any other condition beyond its control.

President or CEO Name (Please Print) **Date**

President or CEO Signature

Thank you for the opportunity to serve you.