

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.	_____				
Security Code:	_____	<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: \_\_\_\_\_