

DC Path Transportation Service

CORPORATE APPLICATION

Toll Free: 888.608.7225 ~ Local Phone: 202.471.0231 ~ Fax: 888.608.4767 ~ www.dcpathts.com ~ info@dcpathts.com

The process of this application requires a Physical Signature.
Please complete the entire application, print it, sign it and fax it to 888.608.4767

E-mail Address

Confirm E-mail Address

Business Name

Business Address **Street**

City **State** **Zip Code**

Mailing Address (If Different) **Street**

City **State** **Zip Code**

Business Phone Number **Business Fax Number**

Contact Person Name **Contact Person Phone #**

Is this business incorporated? Yes No **State of Incorporation**

Number of years in business: **Federal Tax ID Number:**

Brief description of business:

Has this company ever filed for bankruptcy? Yes No

Are P.O. numbers required? Yes No

Type of account requested: (Please choose one of the following)

Bi-Weekly Billing "Pay by Check" (I understand that my company will be billed bi-weekly for the full amount and a payment check is due instantly after receiving the bill).

*Bi-Weekly Billing "Pay by Credit Card" (I authorize **DC Path Transportation Service** to charge my credit card bi-weekly for the whole amount)*

Billing Information

Name on Card	<input type="text"/>				
Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	
Card Number	<input type="text"/>				
Card Expiration Date	M <input type="text"/>	Y <input type="text"/>	Security Code	<input type="text"/>	
Billing Address	Street	<input type="text"/>			
	City	<input type="text"/>	State	<input type="text"/>	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Names of Personnel Authorized to Charge Services:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(If needed, fax additional names of authorized personnel on your company letterhead.)

In the event that this credit application is approved, the applicant hereby agrees to and accepts the following terms and conditions: FULL PAYMENT SHALL BE DUE UPON RECEIPT OF STATEMENT. Failure to make payment in full within 15 DAYS of statement closing date will subject applicants account to a finance charge, which will be computed on the average daily balance at monthly rate of 2% (ANNUAL PERCENTAGE RATE OF 24%).

In the event that the account remains unpaid and legal fees therefore are incurred by **DC Path Transportation Service** to obtain payment for services rendered or for information and assistance **DC Path Transportation Service** may require from whatever source it deems necessary to obtain payment, the applicant shall be held accountable for all expenses incurred in the collection process, including reasonable attorney fees.

The undersigned on behalf of the applicant authorizes **DC Path Transportation Service** to conduct a complete and thorough check of all the information supplied by **DC Path Transportation Service**. Furthermore, the applicant certifies that the above statements are true, correct and complete and have been made by the undersigned for the purpose of inducing **DC Path Transportation Service** to extend credit to the applicant knowing that Shark Limo Service, will rely thereupon, furthermore the undersigned is fully aware of **DC Path Transportation Service** cancellation, reservation and billing policies.

Print Name	Title	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>Please complete the application, print it, sign it and fax it to 888.608.4767</p>	Authorized Signature	Date Signed
	<input type="text"/>	M <input type="text"/> D <input type="text"/> Y <input type="text"/>