

# Autoluxé Transportation Services, Inc.™

518 Gregory Avenue, Suite A-318, Weehawken, NJ 07086  
T: [646] 413.1300 or [866] 925.5893 F: [201] 604.6565  
Contact us at: info@autoluxetrans.com

## Corporate Account Information

### COMPANY INFORMATION: (Please Print)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### ACCOUNTS PAYABLE INFORMATION:

Contact Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Corporate Division: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

AUTOLUXÉ TRANS accepts American Express, VISA, MasterCard and Diner's Club. All billing, including credit card processing and invoicing is handled in our Weehawken, NJ office. No transactions take place in the car. Credit card clients receive an e-receipt within 24 - 48 hours after service completion.

Corporate clients have the option of account invoicing which can be set up through the AUTOLUXÉ TRANS accounting department. Account invoicing clients receive an e-invoice within 24 - 48 hours after service completion. In addition, a hard copy of the invoice is sent out via first-class mail.

THE APPLICANT FIRM ASSUMES ALL FINANCIAL OBLIGATIONS WITH REGARD TO ALL CHARGES INCURRED. CHARGES ARE TO BE PAID IN FULL UPON RECEIPT OF INVOICE. PAYMENT TERMS ARE OF A 30-DAY NET. THE CLIENT AGREES TO BE RESPONSIBLE FOR ALL RESERVATIONS RESULTING IN A NO SHOW.

I HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_ Position Held \_\_\_\_\_

(PLEASE PRINT)

If you have any questions, please feel free to call us at: [646] 413.1300 at: [866] 925.5893. You may fax [201] 604.6565 or mail this form to the Weehawken, NJ address. Charge account applications must be filled out completely for processing. Thank you.

**A Member of the NATIONAL LIMOUSINE ASSOCIATION**