

Ambassador Airport Service

CORPORATE APPLICATION

1141 Cataline Dr. Suite 25, Livemore, CA 94550 ~ Tel. (888) 889-6660 ~ Fax: (925) 294-9819 ~ Email: info@AmbassadorAirportService.com

The process of this application requires a Physical Signature.
Please complete the entire application, print it, sign it and fax it to (925) 294-9819

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 Ambassador Airport Service to charge my credit card bi-weekly for the whole amount)

Billing Information**Name on Card****Card Type**☐ Visa ☐ Master Card ☐ Discover ☐ American Express**Card Number****Card Expiration Date**

M

Y

Security Code**Billing Address****Street****City****State****Zip Code****Names of Personnel Authorized to Charge Services:**

(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 Ambassador Airport Service, to obtain payment for services rendered or for information and assistance 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 Ambassador Airport Service to conduct a complete and thorough check of all the information supplied to Ambassador Airport 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 Ambassador Airport Service, to extend credit to the applicant knowing that Ambassador Airport Service, will rely thereupon, furthermore the undersigned is fully aware of cancellation, reservation and billing policies.

Print Name**Title****Initials**

**Please complete the application,
print it, sign it and fax it to
(925) 294-9819**

Authorized Signature**Date Signed**

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D

Y