

Corporate Account Application

Company Name: _____ FEIN# _____

Company Address: _____
Street Address City State

Accountant Name: _____ Accountant Phone: _____ X _____

Accountant Fax: _____ Accountant Email: _____

Billing Address: _____
Street Address City State Zip Code

Do you want gratuity added to the bill? Y N If so, how much? _____%

*Your statement will be sent out the first week of every month. The balance is due 30 days after the first of the same month. A 5% charge will be compounded monthly to a balance carried over. All lawyer and legal fees associated with carried over balances will be added to balance. **Cancellations within 12 hours of trip will be billed full amount.***

Persons approved to order services on account:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Corporate References:

Name of Company City, State, Country Phone Number

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I, _____, understand and agree to the above terms.

X _____ / _____ / _____
Signature Date