



**Mailing Address: P.O.BOX 500216  
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## **CORPORATE ACCOUNT BILLING FORM**

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

Bill To: \_\_\_\_\_

Company Business Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Representative Name: \_\_\_\_\_

Contact Phone Number (including Ext.): \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Company Business Address: \_\_\_\_\_

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

**All accounts must have a company credit card on file to open an account. Payment is due upon receipt of invoice. Client understands it is their responsibility to submit any changes in business ownership, name, address and or phone number. Client understands that if reservation is not cancelled within 24 hours prior to pick-up time or if the passenger does not show for confirmed reservation client will be billed the full amount of the fare. (In reference, to all Stretch vehicle reservations, all deposits are refundable prior to 96hrs of the date of service, deposit fee is \$250.) All pick-ups have 15 minute driver wait time thereafter hourly rates apply unless otherwise indicated. Standard gratuity of 20% is required for all transportation services. Client understands that rates are subject to change at anytime . This agreement may be terminated by BHL Limo Inc. or by the client any time for any reason, by submitting written notice to the other party. The terms of this agreement will continue to apply until the entire account owed by the client under this agreement is paid in full. I have read and agree to abide by the terms of this agreement and I am authorized to act as a representative for the above-named company and will be held responsible for payment of transportation services billed to this account.**

**Authorized Representative Signature :** \_\_\_\_\_

**Title :** \_\_\_\_\_

**Date :** \_\_\_\_\_