

Top Vip Transportation

Individual Account Application

You can complete the form online and print when completed.

6344 Morella Ave
North Hollywood CA. 91606
Tel: (818) 547-3522
www.TopVipTransportation.com

Name _____ Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Fax: _____

Email Address: _____

Signature on file Authorization Form

A copy of both sides of the signed credit card must be submitted with this application

Name as it appears on the Credit Card: _____

Credit Card Number: _____ Exp Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

The following must be completed by the cardholder for the credit card indicated above and signed by the authorized user only.

I _____ Authorize Top Vip Transportation to process the above credit card as a "Signature on File" for the ground transportation services.

Please list all persons authorized to charge services to this card.

1) Name and Title: _____

2) Name and Title: _____

Please indicate below whether services are for single or multiple uses

Single Use (One Reservation Only) _____ Multiple Use _____

Signature of the card holder: _____ Date: _____

By signing above, you have authorized Top Vip Transportation to bill your credit card for all of your service trips. (An additional 20% will be billed for the driver gratuity). We will also mail, e-mail or fax you an itemized statement on your request.

List all persons authorized to charge Services under the responsibility of the undersigned.

Name Title

Name Title

Terms and Conditions:

_____ herein referred to as "customer".

Customer Initials

- I. Customer agrees to inform Top Vip Transportation within 24 hours of activity any problem regarding the service provided by Top Vip Transportation including but not by way of limitation failure to provide the services in a timely manner or any delay or dissatisfaction in any service provided.
- II. The customer agrees that if any dispute arises out of this agreement or the service provided herein, the prevailing party shall be entitled to recover all reasonable attorneys' fees, interest and costs incurred.
- III. Full payment shall be due upon receipt of all monthly statements.
- IV. The customer hereby agrees that the usual credit inquiries may be made and it authorizes Top Vip Transportation to obtain such information as it may require from whatever sources it deems necessary concerning any statements made on this application. In addition, the undersigned hereby authorizes Top Vip Transportation to charge account balances which are sixty (60) days past due to pertinent credit card(s), numbers of which are reflected on this application.
- V. Top Vip Transportation is not responsible for personal property left in vehicles.
- VI. The undersigned represents that he/she is an officer and/or is duly authorized to file this application for Top Vip Transportation credit charge.
- VII. The undersigned on behalf of the customer certifies that the above statements are true, correct and complete and have been made by the undersigned for the purpose of inducing Top Vip Transportation to extend credit to the customer.

Authorized Signature Name and Title Date

Referred By: _____
Individual's Name Company Date

Email:
info@TopVipTransportation.com
or Mail to:
6344 Morella Ave
North Hollywood CA
Tel: (818) 547-3522
www.TopVipTransportation.com