



Phone: 773-695-9999
Toll Free: 866-544-6655
Fax: 847-375-0010
2360 E. Devon Avenue
Des Plaines, IL 60018
www.aalimousineofchicago.com

Corporate Accounts

Corporation Name: _____

Corporation Tax ID Number _____

Corporation Address: _____

City _____, State, _____ Zip: _____

Corporation Contact Name: _____

Business Telephone: _____

Business Fax: _____

Email Address; _____

Credit Card Number _____ Exp Date _____

3 Dig On The Back Of The Credit Card _____

Mailing Address _____

City _____ State _____ Zip- _____

Credit Card Holder Name: _____

Names of Persons Qualified To Use the Account

{1} _____ {2} _____

{3} _____ {4} _____

If unable to provide an accurate list please provide contact name of authorized individual

who can make reservations:

Name: _____, Telephone#: _____.

Name: _____, Telephone#: _____.

Name: _____, Telephone#: _____.



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Name: _____, Telephone#: _____.

Name: _____, Telephone#: _____.

Name: _____, Telephone#: _____.

Name: _____, Telephone#: _____.

Name: _____, Telephone#: _____.

If a credit card is not provided please provide us with a signed voided check made out to AAA Limousine of Chicago, for a direct billing account.

If you choose to open a corporate account the terms of this contract should be signed with the understanding of our service charges:

1) Client will be issued an account number that must be given at the time of ordering limousine service .if no account number or corporate account name is specified, a payment will expected at the time of service.

2) AAA Limousine of Chicago agrees to provide prompt service for agreed upon price,
based on the customer's specifications regarding pick up time, pick up address and destination.

3) If the client had a reservation and the car is more than 30 minutes late, client will be entitled to a discount or a free ride, account will not be charged for the trip client receives a free 10 minute waiting time at time of pick up, after the first 10 there will be a \$ 15.00 charge and \$15.00 for each additional 15 minutes of waiting time.

4) Advanced notes of six hours is required for cancellations of all reservations. Otherwise account will be charged the full amount of the trip.

5) There will be 20% automatic gratuity added to your charge.



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- 6) Billing will be sent on the 1st or 3rd of the month: payment is due upon receiving the invoice.
- 7) If payment is not received by the 15th of the month, a 50.00 late payment fee will be automatically added to your account for the next billing statement.
- 8) If payment of the full amount is not received the second billing period the full amount will be charged on your provided and pre –signed credit card, or will be deducted electronically from the checking account.

Name (please print): _____.

Signature: _____, Date _____.

Copy of your Driver License #:

Copy of your Credit Card #:

*Notes:

In our efforts to serve you better, we ask that you please fill out and return this form to us in a timely manner.

Please remember that all transactions are final.

If you have any questions please call 866-544-6655