

Affiliate information

Company name: _____ Year established: _____

Address: _____ City: _____ State: _____ Zip: _____

Web site: _____ E-mail: _____

Phone #: _____ Toll free #: _____ Fax #: _____

Management information

President or Owner

Name: _____ Phone #: _____ ext: _____ E-mail: _____

Affiliate Manager

Name: _____ Phone #: _____ ext: _____ E-mail: _____

Operations or Dispatch Manager

Name: _____ Phone #: _____ ext: _____ E-mail: _____

Billing Manager

Name: _____ Phone #: _____ ext: _____ E-mail: _____

Service area information

Airports:	Cities:	Places of Interest:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Train Stations or Ports:	Counties:	_____
_____	_____	_____
_____	_____	_____

Emergency or after hours contact information

Contact Person or Dispatcher

Name: _____ Phone #: _____ Cell #: _____ E-mail: _____

Fleet information

Size of fleet: _____

Sedans

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

SUVs

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Stretch Limousines

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Vans

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Other

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Make & model: _____ Year: _____ Color: _____ #: _____ Airport rate: \$ _____ Hourly rate: \$ _____

Notes: _____

Permit or License to Operate #: _____ (if applicable) How frequently do you update the vehicles? _____

Insurance information

Insurance company: _____ Insurance agent: _____

Policy ID #: _____ Please provide a copy of insurance certificate listing **Limo Express** as additional insured

Tax information

Federal taxpayer identification number #: _____ or Social security number #: _____

Affiliate survey

Do you offer a 24-hour reservations and dispatch service? Yes: _____ No: _____

How are all your reservations confirmed? Phone: _____ Fax: _____ E-mail: _____

What are your standard meet and greet procedures for the airport?

Do you track arriving flights? Yes: _____ No: _____ How? _____

Do you charge for cancelled flights? Yes: _____ No: _____ How much? _____

What is your cancellation policy?

How do your dispatchers communicate with the drivers?

What is your driver dress code?

How are your drivers screened before and during employment? (motor vehicle, drug, criminal, and reference checks)

What type of training do you provide?

How many drivers do you employ? _____ How many independent operators do you employ? _____

Do you farm out local work? Yes: _____ No: _____

Credit card authorization

Credit card number: _____ Expiration date: _____ V-code: _____

Name on card: _____ Corporate name on card: _____

Billing address: _____ City: _____ State: ____ Zip: _____

Authorization statement

I, (name) _____ (title) _____ of (company name) _____ am authorized to act as an agent or representative for (company name) _____ in entering into this Agreement to open a Billing Account effective (date) _____ for the purpose of charging all Affiliate limousine transportation services. I agree that I and/or (company name) _____ will be held fully responsible for payment of all charges made to this account.

In addition, I agree to the following terms:

1. Payment is to be remitted within thirty (30) days of invoice date.
2. There is a \$30.00 fee for returned or insufficient funds checks.

Signature: _____

Date: _____

Affiliate agreement

Expectations

- Reservations to be confirmed one (1) hour prior to pick up via phone, fax or e-mail
- Drivers to be on location fifteen (15) minutes prior to scheduled reservation time
- Vehicles to be late model, clean and fully licensed and insured and in good working order
- Client requests are to be communicated directly to Limo Express for approval of any change to the reservation
- Incidents are to be followed with a complete and detailed explanation within 24 hours
- Affiliate to be responsible for compensating a client for any inconvenience as a result of operational error
- Affiliate to NOT solicit or have drivers solicit Limo Express clients for its own account

Signature: _____

Date: _____