



BOSTON CORPORATE COACH PERSONAL CREDIT CARD ACCOUNT APPLICATION

Fax this form to: 877-666-5554. Please note incomplete charge account applications can not be processed. Thank You!

PERSONAL CONTACT INFORMATION (Please Print)

Name: _____ Social Security: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Monthly Rent/Mortgage Payment: _____ Average monthly car usage \$: _____
Marital Status: _____ Annual Salary: _____
Employer Name & Address: _____
Employer Telephone: _____ Contact Person: _____

BANK INFORMATION

Bank Name: _____
Address: _____
Account#: _____ Account Officer: _____
Telephone: _____ Fax: _____

INDIVIDUALS AUTHORIZED TO USE THIS ACCOUNT: (Add additional names on company letterhead)

Name: _____ Name: _____ Name: _____

CREDIT CARD INFORMATION (Information about two cards must be provided to process application)

Credit Card type: _____ Account#: _____ Exp Date: _____
Card Holders Name (Print): _____ Signature: _____
Credit Card type: _____ Account#: _____ Exp Date: _____
Card Holders Name (Print): _____ Signature: _____

APPLICANT AUTHORIZES ALL CREDIT REFERENCES, BANKS AND CREDIT REPORTING AGENCIES TO DISCLOSE TO BOSTON CORPORATE COACH SERVICE ALL PERTINENT INFORMATION CONCERNING THE FINANCIAL AND CREDIT HISTORY OF THE APPLICANT. A \$1.00 PER VOUCHER SERVICE CHARGE AND 20% GRATUITY CHARGE WILL BE AUTOMATICALLY ADDED TO YOUR BILL. BOSTON CORPORATE COACH RESERVES THE RIGHT TO REFUSE SERVICE TO INDIVIDUALS WHO ARE IN ARREARS. CUSTOMER AGREES TO BE RESPONSIBLE FOR PAYMENT OFF ALL LOST, STOLEN OR MISSING VOUCHERS. CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL RESERVATIONS MADE RESULTING IN A "NO SHOW". INTEREST RATE FOR LATE PAYMENT WILL BE CALCULATED AT 16% PER ANNUM. IN EVENT OF NON PAYMENT, ALL LEGAL AND COLLECTION FEES WILL BE ADDED TO YOUR BILL. WITH MY SIGNATURE BELOW, I HERBY AUTHORIZE BOSTON CORPORATE COACH TO SUBMIT UNSIGNED CREDIT CARD VOUCHERS ON MY BEHALF FOR SERVICES RENDERED, STATING THAT MY SIGNATURE IS ON FILE.

"PLEASE FORWARD WITH FRONT AND BACK COPY OF CREDIT CARD ALONG WITH COPY OF STATE ISSUE PICTURE ID"

I have read, understood and agree to be bound by the terms of this agreement.

Signature: _____ Date: _____

Name: _____ (Please Print)

If you have any questions, please call 877-53-COACH

PLEASE PROVIDE PHOTO COPIES OF BOTH CREDIT CARDS (FRONT&BACK) WITH THIS APPLICATION