



# Avant-Garde Limousine, L.L.C.

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TCP 14830-P



## Direct Billing Application

To establish an account with Avant-Garde Limousine, LLC, the following information must be completed and returned within (15) days prior to commencing services. Approval is contingent upon full completion of this document. All invoices are payable upon receipt. Should the information be incomplete, unconfirmed or insufficient, full payment or partial deposit may be required prior to rendering service.

**Name of Organization, Association or Company**

Company Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Invoice Mailing Address**

Mail to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Amount of credit requested (estimated monthly transportation): \_\_\_\_\_

**Credit References**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
City & State: \_\_\_\_\_ Account Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
City & State: \_\_\_\_\_ Account Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
City & State: \_\_\_\_\_ Account Date: \_\_\_\_\_

**Bank Reference**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

It is understood that if billing privileges are granted, payment is due immediately upon receipt of invoice. Unpaid balances outstanding 30 days after date of original billing are subject to late payment fees of 1.5% monthly (annual rate of 18%), or the maximum charges allowable by law. Further, all costs of collection required, including attorney fees, will be added to the account.

It is understood that in case of questions concerning your account, it is your responsibility to contact Avant-Garde Limousine's Accounts Receivable office to clarify any and all questions concerning the billing and that all undisputed charges on the billing must be paid within stated terms while Avant-Garde Limousine Accounts Receivable is resolving your questions.

Your signature below authorizes Avant-Garde Limousine, LLC to verify the above information and your agreement to all terms and conditions outlined on this direct billing document.

Signature(s) of Individual(s) authorized to approve direct billing or incur charges on behalf of Organization, Association or Company:

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Signature Title

Please provide list of additional persons authorized to direct bill