

## **Account Application COMPANY NAME:**

Company Address / Flo	or / Suite:		City	Stat	te Zip Code	Phone	
Primary Account Contact Name:			Primary Account Co	ntact Email:		Account Contact Ph	one:
Billing Contact:			Credit Card # (If CC b	y account billing or	nly)	Account Type Re Direct Bill CC by Account	quest CC by Indvidua
Billing Contact Email:			Card Holders Name:				
Billing Contact Phone:			Expiration Date:	CVV Code			
							_
Gratuity (Billed to Ac	count): 20%	Authorized Wait Time	with n	ame, cell, email	and title. If yo	outhorized travelers for prof ou wish for us to collect a ref reservation, please list belo	ference,
each job on the invoice specific agreement on o with notice on our web knowingly, directly or i first introduced to in co without any direct solic the advertisement or a	(voucher charge) a our website for Ser site at the followin ndirectly, solicit fo nnection with this itation by Compan gency search was r the right to reques	as well as the 3% Ne rvice Terms & Condi ng link: http://www r employment any Transaction. The fo ny, (ii) responds to a not directed toward	ew York Surcharge Taxitions and the latest restricted in the latest res	and applicable Nates. All rates are s r a period of one yo ther senior manag ly to any employed ouncement by Con or group of employ	TState and NJ T. Subject to an an ear following th ement employe who (i) initiate npany or is refe yees of Coast to	on the account. A service charge faxes. Fuel surcharges may appinual inflationary adjustment and the date hereof, Company agree ee of East Coast with whom Coles discussions regarding employered by an employment agency o Coast, or (iii) has been termings late or poor payment history.	ly. See your and change s not to mpany was yment y, so long as ated by the
Authorized Signature or representative of the cl	-	ead and accepts oui	r terms & conditions a	s a bona fide	Date		
			{OFFICE USE	ONLY}			
Rate Table	Service F	ee Fuel Su			Authorized Wai	it Sales ID	