



8240 Rose Groves Rd. Orlando, FL 32818  
Jacksonville (904)328-1800 - Orlando (407)965-3220  
Fax (407)358-5447 - info@firstclassfl.com

### CORPORATE/PERSONAL ACCOUNT APPLICATION

The following information will be needed for our Accounts Receivable Department.  
Please fax the Form to 407-358-5447 or send to 8240 Rose Groves Rd. Orlando, FL 32818

**Please print or type clearly**

Date: \_\_\_\_\_

Company or  
Client Name \_\_\_\_\_ Business Phone# \_\_\_\_\_

Billing Address \_\_\_\_\_ Fax# \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

*(if different from  
Billing address)* City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Dept \_\_\_\_\_

**Credit Card Information – (Required guaranteeing payment.)**

- VISA
- MasterCard
- Diner's Club
- Discover
- American Express

Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

Cardholder Name *(Please Print)* \_\_\_\_\_ Phone# \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit References**

*Please supply for corporate accounts*

Federal ID #: \_\_\_\_\_

Bank References \_\_\_\_\_ Account # \_\_\_\_\_ Balance: \_\_\_\_\_

\_\_\_\_\_

**ONLINE ACCOUNT INFORMATION**

**Requested Username and Password (Not Case Sensitive)**

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

**Home Address (No PO Boxes)**

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Cellular Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**Business Address**

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**Bill To or Other Address**

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**Waiver of Liability**

In the event of this credit application I approved by First Class Executive Transportation, hereinafter known as "FCET", the applicant hereby agrees to and accepts the following terms and conditions:

Full payment shall be due upon receipt of invoice. A statement will be furnished monthly unless there are no sums due. Any portions of the ending balance not paid by the 30th of the month following will be considered past due and subject to FINANCE CHARGE. The FINANCE CHARGE shall be computed to annual percentage rate of 17% - 21%.

In the event of any portions of the net ending balance not paid by the 30th of the following, your right to services or credit may be terminated at the discretion of FCET. In the event of legal actions is necessary to enforce payment, the delinquent client shall be responsible for all collection expenses, including reasonable attorneys fees and court costs. Undesignated payments received by FCET on any delinquent account will be applied first to a previous finance charge and then any excess to the discharge of principal balance. Client will be charged for full service for scheduled airport pick-ups which are not met and which have not been cancelled and client will be charged for all hours reserved for failure to cancel reservation at least 24 hours prior to pickup time.

The applicant hereby agrees that the usual credit inquiries may be made and it authorizes FCET to obtain such information as it may require from whatever sources it deems necessary concerning any statements made on this application. The undersigned on behalf of the applicant certifies that the above statements are true, correct, and complete and have been made by the undersigned for the purpose of inducing FCET to extend credit to the applicant knowing that FCET will rely thereupon.

FCET is not responsible for personal property left in any vehicle; however, if property is found, FCET will keep such said articles for 30 days until claimed. Client will be billed for any damages imposed on the vehicles by passengers and suppliers removed from the vehicle, including but limiting to crystal, tapes, beverages, bags, luggage, coolers, etc...

Client shall comply with all laws, ordinance, orders, rules, regulations, (state, federal, municipal and other agencies or bodies having jurisdiction thereof), at all times while occupying the vehicle or otherwise using FCET. FCET shall not be liable to any person whomsoever for any injury or damages to persons or property in or about the vehicle caused by negligence or unlawful conduct of client, it's agent, employees, servants, or any other person entering upon vehicle under the express or implies invitation of client. Client agrees to indemnify FCET and hold it harmless for any loss and\or expenses of claims arising out of any such damage or injury.

The undersigned represents that he\she is duly authorized to file this application for FCET credit account. The terms may be rearranged, extended and\or viewed without notice. The undersigned agrees that within five days from date of notice that the account is past due and agrees to pay the total amount due.

\_\_\_\_\_  
Authorized Signature Title Officer Date

Office-use only  
Date Opened: \_\_\_\_\_ Limit \_\_\_\_\_ A: \_\_\_\_\_ D: \_\_\_\_\_ Notified: \_\_\_\_\_