

Airport Travel Corporate Account Application

APPLICANT: Please read the following before completing this form: 1) Applicant represents that the information given in this Application is complete and accurate and authorizes us to check with credit reporting agencies, credit references and other sources we deem appropriate in investigating the information given. 2) Signatory must be a proprietor, general partner or an officer of the company with authority to enter into contractual agreements. 3) The Personal Guaranty section (Section 2) must be completed by an owner/officer or other authorized individual. 4) PLEASE SIGN BELOW SUBMITTING YOUR APPLICATION. PLEASE NOTE: IF THE APPLICATION IS NOT COMPLETELY FILLED OUT, THERE COULD BE A DELAY IN PROCESSING THE APPLICATION.

SECTION 1 Billing Information And Description Of Your Business (Please Print With Black Ink)

Company's Full Legal Name				Telephone No.					
Billing Address (P.O. Box if applicable)		CITY	STATE	ZIP	Street Address		CITY (if different than billing)	STATE	ZIP
Billing Contact				DBA Name (if different than legal name)			Subsidiary Or Parent Name		
Dun & Bradstreet No.		Experian/TRW No.		Year Business Started		How much do you estimate you'll purchase from Airport Travel each month?			
Type of Business (√ One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Public School	<input type="checkbox"/> Church			
	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Fortune 1000	<input type="checkbox"/> Construction	<input type="checkbox"/> Property Management				
Tax ID # (IF EXEMPT, Provide Exempt Org. Sales Tax Certificate #)									
Business Description									

SECTION 2 Personal Guaranty/Personal Information (To be completed by an owner/officer or other authorized individual.

The undersigned Guarantor hereby agrees to personally guarantee payment of all amounts due under the Airport Travel Corporate Account.

First Name		Middle Initial	Last Name		
Home Address		City		State	Zip
Birth Date	Social Security #		Home Telephone No. ()		
Credit Card to be used	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX <input type="checkbox"/> OTHER ()				
Credit Card Number					
Expiration Date	Name of Card Holder				
X					
Authorized Signature		Title	Date		

SECTION 3 Trade References

Name	Address	Tel:
Name	Address	Tel:
Name	Address	Tel:

SECTION 4 Bank References

Name	Acct No. ()	Address	Tel:
Name	Acct No. ()	Address	Tel:

SECTION 5 State Notices And Required Signature Of Buyer. (This section must be completed)

By signing below on behalf of your business, you represent that your business is a valid business entity; and that you are an authorized representative of the business with authority to enter into contractual agreements. On behalf of the business, you certify that all information provided in this Application is complete and accurate, and you authorize us to obtain information about you personally (whether or not you have personally guaranteed the Account) and your business from credit reporting agencies and other sources we deem appropriate in considering this Application.

X			
Buyer's Signature	Name Printed	Title	Date