



New Credit Application Direct Bill Account

This form must be complete in full and signed by a principal owner, partner, or officer of the corporation or company. Your complete answers to all questions will enable us to expedite the processing of your application. Thank you for the time taken to complete this important information about you and your business.

Please indicate if: ()Corporation ()Individual ()Partnership ()Sole Proprietorship ()Other _____

Legal Company or Individual Name for Group Profile: _____

Physical Address _____

Telephone # () _____ FAX # () _____

Send Invoice By: _____ Email _____ Regular Mail _____ FAX (Attention to: _____)

Email Address: _____

“Bill To” Address:

Street _____ City _____ State _____ Zip _____

Attention to: _____

Telephone () _____

DUNS # _____ In business since _____

How long at this location by this ownership? _____. If less than one year, list pervious location or previous businesses owned/leased or employment history if business is less than one year old.

COMPLETE IF CORPORATION

Corporate Name _____

Street _____ City _____ State _____ Zip _____

Telephone # () _____ FAX # () _____

State of Incorporation _____ Date of Incorporation _____ FEIN # _____

President _____

Telephone # () _____ Email: _____

Vice President _____

Telephone # () _____ Email: _____

Secretary/Treasurer _____ Email: _____

Telephone # () _____ Email: _____

COMPLETE IF NON-CORPORATION

#1 Principal (owner) _____

Street _____ City _____ State _____ Zip _____

Telephone # () _____ Email: _____

#2 Principal (owner) _____

Street _____ City _____ State _____ Zip _____

Telephone # () _____ Email: _____

#3 Principal (owner) _____

Street _____ City _____ State _____ Zip _____

Telephone # () _____ Email: _____

BANK REFERENCE AND FINANCIAL INFORMATION

Bank (1) _____ Branch Location _____

Address _____ City/State/Zip _____

Name of Banker _____ Telephone # _____ Acct # _____

Type of Accounts ()Checking ()Savings

Current Loans: ()Yes ()No Previous Loans: ()Yes ()No

Persons authorized to sign checks: Name (1) _____ Title _____

Name (2) _____ Title _____

Have you or any of the other principals in your organization participated in either a corporate or personal bankruptcy in the past five (5) years? () Yes () No

If yes, please explain _____

Will you furnish financial statements if requested? ()Yes ()No

Your Accounts Payable contact for the purpose of this account:

Name: _____ Title: _____

Telephone # () _____ Email: _____

Will you be issuing Purchase Orders to VIATAS to cover services rendered? _____

AGREEMENT: (Any changes made to this agreement without VIATAS written approval voids this application)

“Applicant” hereby applies to VIATAS Chauffeured Transportation, Inc. (VIATAS) to open a commercial charge account in Applicant’s name and hereby requests VIATAS from time to time to extend credit to enable Applicant to purchase services from VIATAS for business purposes. As an inducement to VIATAS to extend credit and in consideration of VIATAS agreeing to extend credit to Applicant, Applicant states as follows:

Applicant represents and warrants that (a) all credit information given in connection with this Application and Agreement (“Agreement”) is true and correct as of the date hereof, and (b) that it is financially able to comply with all payment terms specified herein or in any invoice from VIATAS (“Payment Terms”), and such representation and warranty shall be deemed remade each time Applicant accepts credit from VIATAS.

Applicant understands that a minimum of \$500 in reservations must be booked each calendar month in order to maintain an open credit account with VIATAS.

Payments are to be sent directly to VIATAS in accordance with Payment Terms that are granted to Applicant by VIATAS Credit Department.

Remit Payments To:

VIATAS Chauffeured Transportation
21W319 Lake Street
Addison, IL 60101
Attention: Accounts Receivable

Any amounts past unpaid more than 30 days after invoice date will be considered past due and will be subject to a FINANCE CHARGE at the maximum rate permitted by Illinois law until such amounts are paid in full.

Applicant agrees to pay bank service charges (not to exceed \$50.00) for any checks returned from the Applicant’s bank unpaid for any reason. VIATAS shall have the right to demand payment of the returned check(s) in cash or certified funds or money order immediately.

This agreement shall be a continuing agreement and shall apply to each purchase of services for which the Applicant does not pay in full at the time of service.

VIATAS may terminate this agreement or restrict or withhold the ability to book reservations to Applicant at any time without notice.

Applicant will pay all expenses including reasonable attorney’s fees, incurred by VIATAS in the enforcement of this agreement and the collection of any charges due hereunder.

Applicant agrees to notify VIATAS by certified mail of any change of ownership of the Applicant and further agrees to be liable for all purchases should Applicant fail to comply with said notification. In the event that this agreement is executed by more than one person, then, in such event the liabilities and obligations of the undersigned hereunder shall be joint and several and the relative words herein shall be read as if written in the plural.

This information is given in strict confidence for the sole purpose of establishing an open account with VIATAS.

I hereby authorize VIATAS to request and obtain credit information from any trade, bank or financial references concerning the status of my business and credit. The undersigned certifies that he/she has read and understands all the terms and conditions set forth herein and agrees to be bound by the same in the event that nay credit is extended pursuant to this agreement. I also hereby attest and affirm that I am duly authorized to enter into this agreement on behalf of Applicant herein named.

APPLICANT:

VIATAS:

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

Once completed - Please Fax or Scan and Email the form back to VIATAS:

Fax: 1-630-627-7901

Scan and Email to: apontarelli@viatastrans.com

VIATAS OFFICE USE ONLY

Date Received: _____ By: _____

() Approved By: _____

() Declined By: _____

Reason: _____

AUTHORIZED CREDIT LIMIT: \$ _____

() Client Notified By: _____ Date: _____