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CORPORATE ACCOUNT BILLING FORM

Company Name: _____

Bill To: _____

Company Business Number: _____ Fax: _____

Company Representative Name: _____

Contact Phone Number (including Ext.): _____

Contact E-mail Address: _____

Company Business Address: _____

City: _____ State: _____ Zip Code: _____

All accounts must have a company credit card on file to open an account. Payment is due upon receipt of invoice. Client understands it is their responsibility to submit any changes in business ownership, name, address and or phone number. Client understands that if reservation is not cancelled within 2 hours prior to pick-up time or if the passenger does not show for confirmed reservation client will be billed the full amount of the fare. All pick-ups have 15 minute driver wait time thereafter hourly rates apply unless otherwise indicated. Standard gratuity of 20% is required for all transportation services. Client understands that rates are subject to change at anytime. This agreement may be terminated by Access Atlanta Transportation or by the client any time for any reason, by submitting written notice to the other party. The terms of this agreement will continue to apply until the entire account owed by the client under this agreement is paid in full. I have read and agree to abide by the terms of this agreement and I am authorized to act as a representative for the above-named company and will be held responsible for payment of transportation services billed to this account.

Authorized Representative Signature: _____

Title: _____

Date: _____