



ECHO Rep: \_\_\_\_\_

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

**APPLICATION FOR CORPORATE CREDIT / BILLING**

(Fax back to 800.309.6096 or email to info@echotransportation.com)

\$5,000 minimum yearly required to qualify for billing services with ECHO

Legal Name: \_\_\_\_\_

Trade names (if applicable): \_\_\_\_\_

Check one: ( ) S Corporation ( ) C Corporation ( ) LLC ( ) LP ( ) Sole Proprietor

Street Address \_\_\_\_\_

Street

City

State & Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street or P.O. Box

City

State & Zip Code \_\_\_\_\_

Fed. I.D. Number \_\_\_\_\_ Business Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***CORPORATE OFFICERS:***

President: \_\_\_\_\_ Vice-President: \_\_\_\_\_

***BANK REFERENCE:***

Bank Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Account Number \_\_\_\_\_

Approx. Anticipated Monthly Usage? \_\_\_\_\_; Are Purchase Orders Required? \_\_\_\_\_

Person to Contact regarding your general account: (Name) \_\_\_\_\_

(Email) \_\_\_\_\_ (Phone #) \_\_\_\_\_



Person to Contact regarding Accounts Payable: (Name) \_\_\_\_\_

(Email) \_\_\_\_\_ (Phone #) \_\_\_\_\_

Agents Authorized to make reservations: (if everyone please write word "Everyone" in line item 1)

1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_ 9. \_\_\_\_\_

**CREDIT CARD INFORMATION - (REQUIRED IN GUARANTEEING PAYMENT.)**  
**Copy of credit card with driver license of name on credit card required**

VISA     MasterCard     Diner's Club     Discover     American Express

Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV2# \_\_\_\_\_

Mailing address of Credit Card \_\_\_\_\_

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

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

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

**ONLINE ACCOUNT INFORMATION**

Requested Username and Password (*Not Case Sensitive - Minimum 4 characters*)

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

**Home Address (No PO Boxes)**

Address \_\_\_\_\_

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

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

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_



**Business Address (No PO Boxes)**

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 this credit application is approved by ECHO Tours & Charter, LP dba ECHO Transportation, hereinafter known as "ECHO", 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 online unless there are no sums due. Any portions of the ending balance not paid by the 30<sup>th</sup> 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 18%.

In the event of any portions of the net ending balance not paid by the 30<sup>th</sup> of the month following, you authorize ECHO to charge credit card on file on second page of this agreement for full amount. If for any reason Credit Card on file declines and or net ending balance is not paid, your right to services on credit may be terminated at the discretion of ECHO and any legal actions necessary to enforce payment. The delinquent client shall be responsible for all collection expenses, including reasonable attorney's fees and court costs to the extent allowed by the laws and Constitution of laws of State of Texas. Undesignated payments received by ECHO on any delinquent account will be applied first to a previous finance charges 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 pick up time.

The applicant hereby agrees that the usual credit inquires may be made and it authorizes ECHO 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 ECHO to extend credit to the applicant knowing that ECHO will rely thereupon.

ECHO is not responsible for personal property left in any vehicle; however, if property is found, ECHO will keep such said articles for 30 days until claimed. Client will be billed for any damages imposed on the vehicles by passengers and supplies removed from the vehicle, including but limiting to crystal glass ware, tears in cloth materials, restroom damages in coaches, damage too interior or exterior of vehicle, 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 ECHO. ECHO 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 ECHO 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 ECHO credit account. The terms may be rearranged, extended and/or reviewed 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
_____	_____	_____
Print Name of Signature	Witness Signature	Date

<b>OFFICE USE ONLY</b>				
Date Opened_____	Limit _____	App.: _____	Denied_____	Notified_____
Notes: _____				