

Affiliate Partnership Application Form

Able Limousine, Inc.
102 East Main Street
Hopkinton, Massachusetts 01748
USA
Attn: Affiliate Network Department
Ph: 800-499-3903
Fx: 508-435-1066



Able Limousine, Inc.
Internal Use Only

PLEASE COMPLETE ALL SECTIONS

Date: _____

Company Information

Company Name: _____
Address: _____
City: _____
State: _____ Zip/Postal: _____ Country: _____
Main Telephone: _____ Toll Free: _____
Fax: _____
Years in Business: _____
Web Address: _____

Dispatch Information

Dispatched manned 24 hours: _____ If No, hours: _____
Telephone Number after hours: _____
Type of Dispatching Software: _____
Fleetbook: _____

Reservations Information

Contact Name: _____
Telephone Number: _____
E-mail Address: _____

Accounts Payable Information

Contact Name: _____
Position Held: _____
Telephone: _____
Fax: _____

Affiliate Partnership Application Form



Credit Card Information (Required to guarantee payment)

Please fax copy of front and back of credit card and copy of drivers license (see attached form)

Circle One: AMEX DISCOVER MC VISA

Credit Card Number: _____

Expiration Date: _____ CSC#: _____

Card Holder Name: _____

Billing Address: _____

City: _____

State: _____ Zip/Postal: _____

Terms and Conditions:

I verify that I am authorized to order and pay for any and all services ordered. I agree to any and all services ordered. I accept responsibility for any damage to vehicles or other equipment done by my clients and authorize payment to this credit card. Rates are subject to change without notification. By signing below, I acknowledge the charges for any reservation made. In the event of a cancellation deadline passing, I authorize Able Limousine to charge our company, accordingly. I understand Able Limousine's cancellation policy as it applies to reservations made. Payment in the above amount, as well as other authorized charges, is to be made in accordance with the issuing card's policies. I affirm my obligations under the Card Member Agreement.

Print Name: _____

Company Name: _____ Title: _____

Signature: _____ Date: _____

Insurance Information

Name of Carrier: _____

Liability Coverage Limits: _____

Please add Able Limousine, Inc. to your certificate of insurance as additionally insured (see below):

**Able Limousine, Inc.
102 East Main Street
Hopkinton, MA 01748**

(have insurance company fax it to 508-435-1066)

Please provide us with the name and address that you would like listed as additionally insured with Able:

Name: _____

Address: _____

City: _____

State: _____ Zip/Postal: _____

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Affiliate Rates

In order to provide our clients with timely pricing quotes, we request all inclusive pricing.
(excluding extra stops, wait time, etc.)

Please complete the graph below for your most popular airports to the most popular destinations:

		<u>All-Inclusive Pricing</u>	
		<u>From:</u>	<u>To:</u>
		<u>Sedan</u>	
		<u>SUV</u>	
Depart.			
	Arrival		
Depart.			
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	Arrival		
Depart.			
	Arrival		

Please fax (508-435-1066) or email (mbullen@ablelimousineinc.com) your affiliate all-inclusive airport and hourly rates for all vehicle types.