



Dear Valued Guest,

Below is our account application form and credit card authorization form. You must fill out both parts of the application and simply indicate your payment method. Questions, please call (818) 558 3177.

**Account Application Form**

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

Company name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Payment Method (please mark which type of payment method you prefer):

**Direct Bill**

**Credit Card**

Upon completion of this application, the undersigned agrees to the following terms: Invoices are due upon presentation and payment shall be considered past due if not received within thirty (30) days from date of billing. Client will be billed for No Shows. All reservations must be cancelled 4 hours in advance for airport pickups and 24 hours in advance for charters (excluding Holidays and Prom season which require 3 days cancellation notice). The undersigned hereby agrees to the above company policies and authorizes all charges affiliated with above company or client. Please note rates are subject to change without notice.

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

Authorized Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Credit Card Information – (required to guarantee payment)**

Card Type:\_\_\_\_\_

Card Number:\_\_\_\_\_ Exp:\_\_\_\_\_

Billing Address:\_\_\_\_\_

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

Phone Number:\_\_\_\_\_ Fax:\_\_\_\_\_

The undersigned authorized Arcadia Transit Inc dba SuperShuttle / BlackCar to charge their credit card for all transactions relating to their personal or corporate account. If undersigned prefers direct bill method, Arcadia Transit dba SuperShuttle / BlackCar is authorized to charge any and all outstanding balances exceeding 30 days including interest and collections fees to the credit card on this application.

Card Holder Name:\_\_\_\_\_ Ph#:\_\_\_\_\_

Card Holder Signature:\_\_\_\_\_ Date:\_\_\_\_\_

**PLEASE FAX THIS AUTHORIZATION FORM ALONG WITH A COPY OF YOUR CREDIT CARD (BOTH SIDES), COPY OF YOUR DMV DRIVER LICENSE/DMV IDENTIFICATION CARD TO (818) 768 6670.  
Questions, please call (818) 558 3177.**

