



Application for a Corporate Direct-Bill Account

Thank you for your interest in BostonCoach. Please know that all travel booked to a direct-bill account will be invoiced monthly, and all payments are due upon receipt of the invoice. You may choose any of these three direct-bill payment options:

- **Mail** payments to P.O. Box 33063, Newark, NJ 07188-0063.
- **Wire** payments to JP Morgan Chase, 4 Chase MetroTechCenter, 7th Floor; East Brooklyn, NY 11245. Routing number: 07100013, Account number: 10-89564. Remittance advice must be faxed to 617-598-9573 or emailed to Acctrec@BostonCoach.com.
- **Charge** all rides to a single credit card in one lump sum at the end of each fiscal month. Please send a letter of authorization on your company letterhead to: BostonCoach, 70 Fargo Street, Boston, MA 02210-2122; ATTN: Credit and Collections Department, or fax it to 617-598-9573.

I. Company Information

The following is required for all applications:

Company name: _____ Date: _____

Address: _____

Street City State ZIP

Main contact name & title: _____

Telephone number: _____ Fax number: _____

Email (required): _____

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II. Credit Information

Please provide information on your corporate credit card. We require a credit card as backup for your direct-bill account.

☐ American Express ☐ Discover ☐ Diners Club ☐ MasterCard ☐ Visa

Card number: _____ Expiration date: _____

Cardholder name: _____ Signature: _____

As part of the application process, BostonCoach will conduct a Dun & Bradstreet inquiry about your company. To expedite this process, we ask that you please provide your D&B number below, or check the “unknown” box.

☐ Dun & Bradstreet number: _____

☐ Unknown: I authorize BostonCoach to conduct a search on this company.

Bank Reference. Please provide:

Bank name: _____ Account number: _____

Address: _____
Street City State ZIP

Main contact: _____

Telephone number: _____ Fax number: _____

Email (required): _____

Signature (required): _____

III. Billing Contact Information

Please provide:

Billing contact name: _____

Billing contact title: _____

Address: _____
Street City State ZIP

Telephone number: _____ Fax number: _____

Email (required): _____

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IV. Trade References

Please provide four business references. (Note: landlords, utilities and other ground transportation companies will not be accepted).

Company name		Account number	
Number and street		Main contact	
City and state	ZIP	Telephone number	Email (required)
Company name		Account number	
Number and street		Main contact	
City and state	ZIP	Telephone number	Email (required)
Company name		Account Number	
Number and street		Main contact	
City and state	ZIP	Telephone number	Email (required)
Company name		Account number	
Number and street		Main contact	
City and state	ZIP	Telephone number	Email (required)

Terms of Payment & Acknowledgement

BostonCoach invoices are due upon receipt. Interest at a rate of 1.5% per month will be added to all invoices that have not been paid by more than thirty (30) days after receipt. In case of errors or questions with your invoice, BostonCoach must hear from you in writing no later than thirty (30) days after you receive the invoice on which the specific issue appeared. You may withhold payment on the amount in question while we are investigating the charge(s). You remain obligated to pay any part of the invoice that is not in question, including any finance charges incurred.

In the event that your account is outstanding in excess of sixty (60) days, it will be considered delinquent or in default. BostonCoach reserves the right to place accounts determined to be delinquent or in default on credit hold and charge the credit card on file for the balance owed, including any finance charges. BostonCoach reserves the right to collect any and all attorney's fees, collection expenses, and court costs incurred in its efforts to collect balances owed when a credit card on file is inactive, or for any other reason, cannot be charged. Additionally, BostonCoach reserves the right to convert all overdue accounts to credit-card-only status for services provided in the future.

By signing below, you agree to the terms of this application and to BostonCoach contacting the references listed herein. If this application is for a corporate account, the signee must be an officer or authorized representative legally able to bind the company.

Name

Title

Signature

Date

Please email your application to BCC-Applications@BostonCoach.com, or fax it to 617-850-8911. We will process your application, and your account executive will contact you within two business days. Thank you.

For BostonCoach use only:

☐ Events account ☐ FINRA BD Number _____ Sales Initials _____