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Fax or mail this form to the above address. Charge account applications must be filled out completely for processing. Thank you.

COMPANY INFORMATION: (Please print)

Company Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone # _____ Fax # _____

ACCOUNTS PAYABLE INFORMATION:

Contact Name: _____ Position Held _____
Telephone # _____ Fax # _____
Nature of Business _____ Number of Years in Business _____
Federal ID # _____ Average Monthly Usage \$ _____ No. of Employees _____

BANK INFORMATION:

Bank Name _____
Address _____ City _____ State _____ Zip _____
Contact Person _____ Account # _____
Bank Telephone # _____ Fax # _____

THE APPLICANT AND APPLICANT'S FIRM ASSUME ALL FINANCIAL OBLIGATIONS WITH REGARDS TO ALL CHARGES INCURRED. ALL CHARGES ARE TO BE PAID IN FULL UPON RECEIPT OF INVOICE. PAYMENT TERMS ARE OF A 15-DAY NET. TLS CHAUFFEURED TRANSPORTATION RESERVES THE RIGHT TO REFUSE SERVICE TO FIRMS WHO ARE IN ARREARS. ANY INVOICE SHALL BE DEEMED CONCLUSIVE PROOF OF ITS CONTENT, UNLESS WRITTEN OBJECTION TO IT IS RECEIVED WITHIN 30 DAYS OF ITS ISSUANCE. IN THE CASE OF ANY ACTION FOR A PAYMENT OF ANY UNPAID INVOICE AMOUNT: (A) AN ADDITIONAL 25% THEREOF REPRESENTING AGREED, REQUIRED ATTORNEY FEES (B) ANY COURT IN SHELBY COUNTY, OR MEMPHIS, TN. FOR ANY SUCH ACTION SHALL HAVE PERSONAL JURISDICTION OVER THE PARTIES, AND (C) PERSONAL SERVICE OF THE SUMMONS AND COMPLAINT IS WAIVED AND SERVICE SHALL BE MADE BY CERTIFIED MAIL TO THE LAST KNOWN ADDRESS. INDIVIDUAL USERS MUST CALL TLS CHAUFFEURED TRANSPORTATION IF THEY DO NOT SEE THEIR VEHICLE, OTHERWISE APPLICANT FIRM WILL BE RESPONSIBLE FOR ALL RESERVATIONS MADE RESULTING IN A "NO SHOW".

I have read, understand, and agree to be bound by the terms of this agreement.

Signature _____ Date _____

Name: _____ (Please Print) Position Held _____