

**CC'S TOWNCAR SERVICE**  
**AFFILIATE APPLICATION**

Legal Name of Business: \_\_\_\_\_  
 DBA (If applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact's name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
 Toll Free# \_\_\_\_\_ Emergency phone \_\_\_\_\_  
 Federal Tax ID # \_\_\_\_\_ Year Established: \_\_\_\_\_  
 Sole member \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Other \_\_\_

**OWNER/CEO or Executive Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Fleet information:**

Please list all vehicles in your local fleet

Year	Make	Model	Color	Quantity	# of pax.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is your fleet equipped with GPS? Yes \_\_\_\_\_ No \_\_\_\_\_

Select the amenities you offer below:  
 Cell Phone \_\_\_\_\_ DVD Player \_\_\_\_\_ VHS Player \_\_\_\_\_ CD Player \_\_\_\_\_  
 Drive Cam \_\_\_\_\_ Wet Bar \_\_\_\_\_ TV \_\_\_\_\_ Satellite Radio \_\_\_\_\_  
 Mobile Internet \_\_\_\_\_ Others \_\_\_\_\_

**Rates:**

Vehicle type	Sedan	6pax	8pax	10pax	SUV	Van	Mini Van	Other
Flat Rate	___	___	___	___	___	___	___	___
Hourly Rate	___	___	___	___	___	___	___	___
Minimum hrs	___	___	___	___	___	___	___	___
% to us	___	___	___	___	___	___	___	___
Grat. %	___	___	___	___	___	___	___	___
Tax %	___	___	___	___	___	___	___	___
Phone Charges	___	___	___	___	___	___	___	___
Fuel Surcharge	___	___	___	___	___	___	___	___
Other Charges	___	___	___	___	___	___	___	___

**Insurance Information:**

Name of Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Broker: \_\_\_\_\_ Phone # \_\_\_\_\_

Broker's Address: \_\_\_\_\_

General Liability Coverage: \_\_\_\_\_

Automobile Liability Coverage: \_\_\_\_\_

**Driver Information:**

Are your drivers your employees or Independent Contractors: \_\_\_\_\_

Does your company perform: Drug Tests: \_\_\_\_\_

Criminal Background checks \_\_\_\_\_

What is your driver's attire-Uniform: \_\_\_\_\_

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Does your Drivers Carry:

Cell Phones \_\_\_\_\_ Pager \_\_\_\_\_ PDA's \_\_\_\_\_ Nextel \_\_\_\_\_

Are you open 24 hours a day, 7 days a week ?      Yes \_\_\_\_    No \_\_\_\_

If not what are your hours of operation? \_\_\_\_\_

Do you have a 24 hr answering service?      Yes \_\_\_\_\_      No \_\_\_\_

Do you accept reservations online?    Yes \_\_\_\_                      No \_\_\_\_

Hoe many minutes prior to pick-up time are your drivers required to be on location? \_\_\_\_\_

List all Airports and Seaports your company Services

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Where are passengers greeted upon arrival: \_\_\_\_\_

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**Billing Information:**

Contact name: \_\_\_\_\_      Phone # \_\_\_\_\_

Billing fax # \_\_\_\_\_      E-mail \_\_\_\_\_

What Credit Cards do you accept? Visa/Master \_\_\_\_\_    Amex \_\_\_\_\_

Diner's Club \_\_\_\_\_      Discover \_\_\_\_\_      Other \_\_\_\_\_

Do you offer Direct Billing?    Yes \_\_\_\_      No \_\_\_\_

What is your cancellation policy: \_\_\_\_\_

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Form completed by: \_\_\_\_\_

Title: \_\_\_\_\_

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