



COMPANY INFORMATION

Legal Company Name: _____

DBA (if applicable): _____

Federal Tax ID #: _____ Dunn & Bradstreet #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____

Toll Free #: _____ Local Office Phone: _____

Office Fax #: _____ Emergency Phone #: _____

Web Address: _____

Reservations Email Address: _____

Additional Location (1): _____

City: _____ State: _____ Zip Code: _____

Additional Location (2): _____

City: _____ State: _____ Zip Code: _____

Additional Location (3): _____

City: _____ State: _____ Zip Code: _____



Is your fleet equipped with GPS? Yes No

Please select which amenities you offer below:

- Cell Phone
 DVD Player
 VHS Player
 TV
 CD Player
 Satellite Radio
 Wet Bar
 Drive Cam
 Mobile Internet
 Other _____

RATES

Please list ALL applicable rates:

Vehicle Type	Sedan	6P Limo	8P Limo	10P Limo	SUV	Van	Mini Coach	Motor Coach	Other
Flat Rate Airport									
Hourly Rate									
Hourly Minimum									
Comm % to Diva									
Gratuity %									
Tax %									
Phone Charges									
Fuel Surcharge									
Other Fees									



ACCOUNTING/BILLING INFORMATION

Accounting Contact: _____ Direct Accounting Phone: _____

Direct Accounting Fax: _____ Direct Accounting Email _____

Do you offer Direct Bill Accounts? Yes No

If yes, what are the terms: _____

What credit cards do you accept?

A/X Visa/MC Diner's Club Discover Other _____

Please describe your cancellation policy in detail: _____

INSURANCE INFORMATION

Name of Carrier: _____ Policy # _____

Name of Broker: _____ Phone # _____

Broker's Address: _____

City: _____ State: _____ Zip Code: _____

Please list the respective limits for each type of coverage:

General Liability: _____

Automobile Liability: _____



Are you required by your respective State to carry Worker's Compensation Insurance?

Yes No

If yes, who is your carrier? _____

Policy #: _____ Effective Period: _____

DRIVER INFORMATION

Are your drivers employees or Independent Contractors? Employees IC's

Does your company perform the following?

Pre-employment Drug Tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pre-employment Physical Test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MVR's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency: _____
Criminal Background Checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency: _____
Random Drug Testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency: _____

Please give a brief description of your driver's uniform policy: _____

Please give a brief description of your training requirements & policies: _____

Are your drivers equipped with any of the following? (Please check all that apply):

Nextel 2-Way Cell Phone Pager PDA's



MANAGEMENT INFORMATION

Please use empty spaces for other pertinent members of management:

Title	Name	Direct Phone #	Email Address
President / CEO			
Vice President			
General Manager			
Operations Manager			
CFO / Controller			
Accounting Manager			
Reservations Manager			
Affiliates Manager			
IT Manager/Specialist			
HR Manager			

COMPANY HISTORY

How many years have you been in business? _____

Are you incorporated? Yes No If yes, in what State? _____

Are you open 24 hours a day, seven days a week? Yes No

If no, what are your hours and days of operation? _____

Do you have a 24-hour answering service? Yes No

If yes, what is the phone number to call? _____



Do you accept reservations online?

 Yes No

How are confirmations delivered?

 Email Fax

How quickly are confirmations sent out? _____

How many minutes prior to the pickup time are your drivers required to be on location?

Please list any and all major airports or FBO's you service:

Where are passengers greeted upon arrival?
Claim

 Gate Meet Baggage

Other (please explain): _____

Is your organization an active member in good standing with NLA?

 Yes No

Please list any other local associations or memberships your company participates in:

Name of Association	Type of Association

Form Completed By: _____ Date: _____

Thank you for taking the time to complete this application!



POSH LANE | EXECUTIVE CAR SERVICE

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