

# Executive 2000 Transportation, LLC

11 Alcap Ridge, Suite C, Cromwell, CT 06416  
Billing: 860-635-8555 Billing Fax: 860-632-5163  
Dispatch: 860-888-8888 Fax: 888-417-7890  
Email: sairahsandhu@yahoo.com      www.executive2000taxi.net



## PAYMENT AGREEMENT ACCT # \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

(Street Number & Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### **TERMS:**

- 1.) You will be billed monthly, by invoice, payment being due within 30 days of invoice.
- 2.) If no payment is received within 60 days, service will be discontinued until payment is received.
- 3.) There is a \$20.00 minimum on all trips.
- 4.) There is an 18% gratuity on all trip fares.
- 5.) There is a \$2.00 administrative processing fee on all fares.
- 6.) Any waiting time will be charged at the rate of \$36.00 per hour (.60/minute).
- 7.) Any requested trips must be faxed to the dispatch 24 (twenty four) hours in advance on the attached form between 8:00 am and 6:00 p.m. Monday through Friday unless otherwise agreed to.
- 8.) If a cancellation is necessary, we ask that the rider or contact person call this in to the dispatcher at least two hours in advance.

These terms are binding and apply to any and all accounts for one year from the date of signing, at which time a renewal will be requested. There shall be no change and no exceptions to these terms. If these terms are agreeable to you, please sign and return this form to the fax number listed above. It will be a pleasure doing business with you.

Signed to and agreed upon on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)