

CREDIT APPLICATION

PAYMENT TERMS - IN FULL, WITHIN 10 DAYS

Fax or Mail Application to:

Accounting Director
The Rideshare Company
1404 Blue Hills Avenue, PO Box 7237
Bloomfield, CT 06002-7237

Business Information:

Full Legal Business Name: _____ Tax Identification #: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Physical Address (If Different): _____ City: _____ State: _____ Zip: _____
Billing Contact Name: _____
Tel #: _____ Fax #: _____
Type of Business _____ Years in Business: _____ # of Employees: _____
Principal /Partner /Officer: _____
Home Address (Non-Corporate Applicant Only): _____
City: _____ State: _____ Zip: _____ Tel #: _____

Bank Information:

Bank Name: _____ Contact Person: _____
Tel #: _____ Acct #: _____

Trade References:

Company Name: _____ Contact Person: _____ Acct #: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Tel #: _____ Fax #: _____

Company Name: _____ Contact Person: _____ Acct #: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Tel #: _____ Fax #: _____

Company Name: _____ Contact Person: _____ Acct #: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Tel #: _____ Fax #: _____

CREDIT APPLICATION

The above named firm hereby makes application for credit and provides the information contained herein, which is warranted to be true and correct, for the purpose of inducing The Greater Hartford Ridesharing Corporation d/b/a The Rideshare Company to provide commuter transportation services to it on credit. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements on behalf: (2) **all accounts are payable in full within 10 days from date of invoice;** (3) all payments shall be made to The Rideshare Company at 1404 Blue Hills Avenue, PO Box 7237, Bloomfield, CT 06002-7237 (4) in the event of default of payment when due, all costs of collection, including attorney's fees and court costs, shall be paid by the applicant; and (5) any credit extended to applicant may be reduced or eliminated in the event The Rideshare Company, in its reasonable discretion, determines that applicant's financial situation or ability to pay is impaired.

AGREEMENT TO TERMS AND RELEASE OF INFORMATION

To Whom This May Concern:

This will be your authority and my request to you to release any information concerning personal [in the case of Non-Corporate Applicant(s)] and/or business credit standing.

X _____
 Signature (Corp. Officer / Proprietor) Title Date

X _____
 Signature (If Partnership, etc.) Title Date

Note:
An administrative fee of \$100 is due with this application and covers the cost of screening two (2) of your employee drivers of our van(s) and other costs. Applications should be mailed with the \$100 fee to:

The Rideshare Company
Attention Accounting Director
1404 Blue Hills Avenue, PO Box 7237
Bloomfield, CT 06002-7237