



Individual Credit Card on File Application

Name of Passenger: _____
(This will be the name the passenger profile is setup under)

Your Name (Print): _____ Date: _____

Your Contact #: _____

Card Type (Check One): Mastercard: _____ Visa: _____ American Express: _____ Dinners Club: _____ Discover: _____

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____
(Receipts will be sent to this email address)

Terms: Trips will be invoiced daily and applied to the credit card listed in this application. A copy of your invoice will be sent after the charges have been applied to the card. Applicant agrees to reimburse All Star Transportation, Inc. for any and all outstanding invoices, loss, damages, or actual claims suffered by All Star Transportation, Inc. including payment of actual attorney fees incurred by All Star Transportation, Inc. resulting from breach of this Agreement resulting from any damage caused by Applicant's guests. Applicant agrees to resolve any disputes arising from this agreement in the State of Michigan, under Michigan law. The applicant hereby grants All Star Transportation, Inc. authorization to charge the credit card provided in this application for any invoices or damages resulting from the Applicant's use of All Star Transportation, Inc. services. Any invoices that are unable to be processed by All Star Transportation, Inc. shall be due upon presentation of an invoice to the applicant. Failure to make payment in full within thirty (30) days of any invoice, when All Star Transportation, Inc. is unable to process the credit card provided in this application will incur a finance charge of 2% per month. This agreement is valid until such written notice of revocation is received by All Star Transportation, Inc..

I AGREE TO THE TERMS OF THIS AGREEMENT: _____

Client Profile Information

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Special Instructions: _____

(Any Special Instructions you would like saved in the profile)

Secondary Location: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Special Instructions: _____

(Any Special Instructions you would like saved in the profile)

Online Reservations Now Available

Would you like use to email you an online username and password? Yes No
(Email will be sent to the email address listed above) (Circle One)

Please fax or mail the completed application to the contact information below and if you have any questions please feel free to contact us at (248) 549-8800.

Mailing Address: All Star Transportation, Inc. Return Fax Number: (248) 549-9700
2725 Nakota
Royal Oak, MI 48073

Visit us Online at www.allstarvip.com