

AFFILIATE APPLICATION

			Date:	
Company Name:			_	
DBA (If Applicable)			_	
Address:			_	
City:			_	
State, Zip			_	
E-Mail Address			_	
Website			_	
Federal Tax ID			_	
Corporate Structure	Corporation	Partnership Others		
Year Company Esta	blished		-	
State Company Esta	ıblished		-	
Operations Mgr	NAME	NIONE	EMAIL	
Dispatch Mar		PHONE	EMAIL	
Dispatch Wigi.	NAME	PHONE	EMAIL	-
Reservations Mgr	NAME	PHONE	EMAIL	
Accounting Mgr	NAME	DHOME	ЕМАН	
	NAIVIE	PHONE	EMAIL	



General Company Contact Information: 800#_____ Local#_____ Facsimile #_____ Emergency #_____ Hours of Operation: **General Information:** What airports does your company service? Please provide standard meeting locations for each airport? Does your company farm out local work? Does your company have a 24-hour reservation/dispatch department? Are all reservations confirmed via email, phone or fax?



What livery software and flight tracking system does your company use?
What Affiliate Networks Is your company registered with?
Do you charge for canceled flights of flight delays?
What is your concel reliev?
What is your cancel policy?
What is the Late Cancel Fee (please include fees for wait time, no shows, stop charges)?
Fleet Information:
What color are the vehicles?
How frequently does your company turn over the vehicles in your fleet?
120 Hogaenty does your company turn over the venicles in your freet.
Do your vehicles have vanity license plates and/or company stickers or logos?



Fleet: Quantity Year Make/Model Capacity Sedans Sedans Passenger Limo OPassenger Limo Jan Buses SUV's Other					
8 Passenger Limo 8 Passenger Limo 9 Pass	leet:	Quantity	<u>Year</u>	Make/Model	Capacity
B Passenger Limo IO Passenger Limo Van Buses SUV's Other	edans				
Jo Passenger Limo Van Buses SUV's Other	Passenger Limo				
Jan Buses BUV's Other	Passenger Limo				
Buses BUV's Other	0 Passenger Lim	0			
SUV's Other	'an				
Other	uses				
	UV's				
	Other				
Chauffeur Information: What are your chauffeurs required to wear?			red to wear?		



How are the chauffeurs screened before background checks, etc.)?	and during employment (drug screening, criminal
What type of training do you provide to	your chauffeurs?
How is your chauffeurs pay calculated?	
Affiliate Rates:	
Please attach current rate sheet for airpo	orts serviced and hourly service.
Additional Charges:	
Please attach current rate sheet for airpo	orts serviced.
Airport Tax:%	Parking:
Tolls:	Fuel Surcharge:
Discounts:	Mileage Tariff:
Please list all other additional charges:	



29330 S. Wixom Rd / Wixom, MI 48393 Tel: 248-246-2112 Fax: 866-376-8106 Toll Free: 877-443-4333 Info@bluediamondlimomi.com www.bluediamondlimomi.com

CREDIT CARD AUTHORIZIATION FORM

Name:					
Address:					
City, State Z	ip:				
Phone #					
Fax #					
<u>Email</u>					
CREDIT CA	ARD INFORMATION				
Circle One:	American Express	Diners Club	Visa	MasterCard	Discover
Credit Card	#	Ex	p. Date	Security (Code
Transportation services reno cardholder a	gned cardholder hereby on, Inc. to charge the a dered, plus a chauffeur nd/or the passenger(s) will, in good faith, ma	above described gratuity and all a for whom transp	credit card a additional fo ortation is b	account the total amees, for all services opeing furnished, and	ount for ordered by the that the
Signature				Date	
Printed Nam	e of Cardholder				
	rs on the credit card)				
Billing Addr	ress on Card				
City State Zi	ip				
				State of Issu	<u></u>
TITIC ATITUE		ACCEDEADIE	7 141 4 4	CLEAD AND LEGI	DID C

THIS AUTHORIZATION IS NOT ACCEPTABLE without a CLEAR AND LEGIBLE copy of the front and back of the credit card and Driver's License.



Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Nam	ne (as shown on your income tax return)													
e 2.	Busi	iness name/disregarded entity name, if different from above													
on pag	Check appropriate box for federal tax classification: Individual/sole proprietor Corporation Solution: Partnership Trust/estate							Exemptions (see instructions):							
pe	Crieck appropriate box for lederal tax classification. S Corporation Partnership Trust/estate						oayee	code	(if any)					
nt or ty structi							Exemption from FATCA reporting code (if any)								
<u>;</u> = =:		Other (see instructions) ▶													
ecific	Add	ress (number, street, and apt. or suite no.)	Requeste	r's nam	ne and	d addre	ss (op	tional)							
See S p	City	state, and ZIP code													
	List	account number(s) here (optional)													
Par	t I	Taxpayer Identification Number (TIN)													
Enter	your	TIN in the appropriate box. The TIN provided must match the name given on the "Name"	" line	Social	secu	security number									
to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a															
TIN on page 3.					oyer identification number						\neg				
Note. numb		e account is in more than one name, see the chart on page 4 for guidelines on whose		Linplo	701 10 1 I	Identification flumber				-	=				
TTGTT10	51 10				⊠										
Par		Certification													
Under	pena	alties of perjury, I certify that:													
1. Th	e nun	nber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	r to be	issu	ed to r	ne), a	and							
Se	vice	t subject to backup withholding because: (a) I am exempt from backup withholding, or (b (IRS) that I am subject to backup withholding as a result of a failure to report all interest er subject to backup withholding, and													
3. I aı	nal	J.S. citizen or other U.S. person (defined below), and													
4. The	FAT	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ig is corre	ct.											
becau interes genera instru	se yo st pai ally, p ctions	on instructions. You must cross out item 2 above if you have been notified by the IRS the bulk have failed to report all interest and dividends on your tax return. For real estate transid, acquisition or abandonment of secured property, cancellation of debt, contributions to buyments other than interest and dividends, you are not required to sign the certification, son page 3.	actions, it o an indiv	em 2 o idual r	does etire	not ap ment a	ply. F rrang	or m	ortga nt (IR	age A), a	ınd				
Sign Here		Signature of U.S. person ▶	ate 🕨												

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.