



Instructions

Please complete and sign this application and forward to Harrison Global along with all Supporting Documentation (see list below). Application can be sent via fax (+1 781-577-6400) or by mail to Harrison Global, Attn: Service Provider Applications, 621 Main Street, Waltham MA 02452.

Supporting Documentation:

1. Certificate of Insurance with Harrison Global designated as a Loss Payee and additional insured. Please use the following entity name and address on the certificate:
Harrison Global, 621 Main Street, Waltham MA 02452
2. Completed W9 Form (Available at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
3. Proof of Worker's Compensation (Massachusetts State service providers only)
4. Copy of all operating permits and licenses (including airport permits)

File must be complete in order for your application to be reviewed. Please note that all application materials will become the property of Harrison Global and will not be returned. For help completing this application or for inquiries regarding the status of a completed application, please email info@trans.com. Telephone inquiries will not be accepted.

All gray fields below must be filled in.

COMPANY CONTACT

Company	<input type="text"/>
Full Address	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
WWW	<input type="text"/>
E-Mail	<input type="text"/>

Hours of Dispatch 24/7 Other:

Do not choose 24/7 if an answering service is used during any part of the day

MANAGEMENT CONTACT

Name	<input type="text"/>
Position	<input type="text"/>
Mobile	<input type="text"/>
E-Mail	<input type="text"/>



REFERENCES

Limousine Networks
(list all that apply, if any)

Corporate Reference 1

Company

Contact Name

Phone Number

Corporate Reference 2

Company

Contact Name

Phone Number

CORPORATE STRUCTURE

Corporate Structure

 Corporation Partnership Other:

Year Company was Established

TCP #

Affiliations (check all that apply)

 NLA BBB NBTA MPI Other:

CHAUFFEURS

Describe chauffeur training
program:

Chauffeur Communication

 Cellular Phone Two-way radio Pager Other:

Chauffeur drug-testing
program (Check all that apply)

 Pre-Employment Periodic Random Other:



LOCAL AIRPORT SERVICE

Local Airport

Airport Greet Procedures

Option 1

Option 2 (If Applicable)

AIRPORT TRANSFER RATES (Local airport to/from downtown)

Vehicle	Base Rate	Gratuity (%)	Taxes (%)	Discount (%)	Net Rate
Sedan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6-Passenger Stretch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14-Passenger Van	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOURLY CHARTER RATES

Vehicle	Base Rate	Gratuity (%)	Taxes (%)	Discount (%)	Net Rate	Min Hrs
Sedan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6-Passenger Stretch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14-Passenger Van	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your company have a mileage tariff? Yes No

Cancellation Policy hours

Surcharges (Describe any applicable surcharges, such as night, holiday, airport greet, etc.)

By signing below, I certify that all information contained in this Application is fair and accurate.

Signature: _____ Date: _____



HARRISON GLOBAL
SMARTER. CHAUFFEURED TRANSPORTATION

Name: _____

Title: _____