

TAXI TRANSPORTATION SERVICE, INC.

3341 BENNING RD., N.E.
WASHINGTON, DC 20019
(202) 398-0515; FAX (202) 398-0575

BILLING AGREEMENT

Date: _____

IMPORTANT: Before you sign this Agreement, read this agreement thoroughly. By signing this agreement, you are agreeing to all of its terms. Use of the words, "you" and "your" herein refers to the customer who signs this agreement and use of the words "we", "us", and "our" refers to Taxi Transportation Service, Inc. as indicated below and no other.

AGREEMENT:

You and we hereby agree that from this date forward, until this Agreement is cancelled, as set forth below, you, and those to whom you have given actual and/or apparent authority may receive one or more services and will be responsible for the payment of the charges upon receipt of a statement requesting payment of said charges.

A security deposit in the amount of \$ _____ must be made prior to opening the account.

You agree to pay an added charge of 25% of the total charge made by you as a fee to us to cover the costs of handling your account. In addition, you also agree to pay 15 % gratuity fee (a tip) to the driver. This Agreement is not a Retail Credit Account and the added charge does not entitle you to extend payment of any invoice beyond the due date on the statement.

You agree to pay the full balance due upon receipt of the invoice. Any billing discrepancies may be addressed and discussed within 30 days from the date on the invoice. Failure to make full payment within 30 days from the date on the invoice shall result in a late fee of 5% per month on any unpaid balances not received by us from you by the aforementioned deadline, and shall result at our option, and without prior notice to you, in immediate cancellation of this Agreement or in the withholding by us or further deferred billing privileges to you. In that case, all outstanding balances will be submitted to a collection attorney.

Service Provider will charge standard taxicab fares in effect and set by the District of Columbia Taxicab Commission and surrounding jurisdictions to eligible participants.

Taxi Transportation, Inc. charges a minimum fee of \$500.00 for all months in which service is provided. This means that in months in which your billing falls below the minimum you will be charged a flat \$500.00 fee.

A \$3.50 flat fee is charged for each dismissed (passenger failed to show up) ride in the District of Columbia. A dismissal fee for Maryland and Virginia rides will depend on the actual mileage.

This agreement may be modified by us at any time and from time to time upon fifteen (15) days prior written notice to you of the modification, and you agree to be subject to any such modification upon the use by you of the charge privileges hereunder at anytime subsequent to the giving of notice.

No minimum advance reservation period is required.

The Service Provider shall, without additional expense to contractee be responsible for obtaining any necessary professional licenses and complying with all applicable Federal, State, and local laws, codes and regulations in connection with the Service Provider's performance of services specified herein.

This agreement may be cancelled in writing at anytime by you or us without prior notice. In the event of cancellation by you, you agree to remain bound by terms of this Agreement for all charges incurred by you up to and including the date we actually receive notice of your cancellation.

In the event you default under the terms of this Agreement, the collection procedures must be undertaken by us to recover any sums due hereunder, we shall be entitled to receive from you, in addition to the sum set forth above, reasonable attorney fees as well as any costs of suit.

Any and all notices required to be given hereunder shall be deemed duly given if sent in writing by first class mail to the address of the parties set forth on the Combined Application for Deferred Billing Privileges unless either party notifies the other party in writing of a change of address.

You authorize the release of credit information from the references named on the Application for Billing Privileges of Taxi Transportation Service, Inc., and certify that the information contained on said Application is true and correct. You agree to honor this Agreement and timely pay all invoices submitted by Taxi Transportation Services, Inc. in consideration for the aforesaid deferred billing privileges.

Thank you,

Taxi Transportation Service, Inc.

Customer:

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Application Received By: _____

Approved By: _____

Account Number: _____