## **Electronic Billing Agreement**

Service Agreement dated	ribing company's participation and in conjunction with the Corporate <u>September 30th, 2015</u> the subscribing company agrees to
pay all charges for rentals	entered into, under, and billed through the described charge card
number last four digits	, expiration date which can only be used
through the business accou	unt program number assigned.
	Enterprise Holdings will have to contact the person submitting the form with the State of Florida redit card number. Please provide appropriate contact information when submitting.**
It is the responsibility of the subscribing agency to maintain the security of its Business Account Program number. The rental agreement shall be deemed conclusive evidence of the fact that the transaction was entered into under the Business Account Program number.	
This agreement remains in effect until written notice of cancellation is received by either party. Subscribing company is responsible for all rental charges that occur until the Business Account Program number has been cancelled. Notice should be sent to stateoffloridabrse@ehi.com.	
Notice to the company sho	uld be sent to (complete your information below):
Dept. Name:	uld be sent to (complete your information below):
Dept. Name: Street Address:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email: Dept. Fax:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email: Dept. Fax: Dept. Phone Number:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email: Dept. Fax: Dept. Phone Number: Signature of Cardholder:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email: Dept. Fax: Dept. Phone Number:  Signature of Cardholder: Printed Name:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email: Dept. Fax: Dept. Phone Number: Signature of Cardholder:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email: Dept. Fax: Dept. Phone Number:  Signature of Cardholder: Printed Name: Title:	uld be sent to (complete your information below):
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email: Dept. Fax: Dept. Phone Number: Signature of Cardholder: Printed Name: Title: Date:	
Dept. Name: Street Address: City/State/Zip: Dept. Contact Name: Dept. Contact Email: Dept. Fax: Dept. Phone Number:  Signature of Cardholder: Printed Name: Title: Date:  Billing information	To be assigned

Print, scan and email completed form to <a href="mailto:stateoffloridabrse@ehi.com">stateoffloridabrse@ehi.com</a>