## **Electronic Billing Agreement**

	ribing company's participation and in conjunction with the Corporate
_	September 30th, 2015 the subscribing company agrees to
· ·	intered into, under, and billed through the described charge card
number last four digits	, expiration date which can only be used
through the business accou	nt program number assigned.
•	
	nterprise Holdings will have to contact the person submitting the form with the State of Florida edit card number. Please provide appropriate contact information when submitting.**
It is the recognishility of the	aubacylhing against to maintain the account, of its Dualiness Account
-	subscribing agency to maintain the security of its Business Account
•	al agreement shall be deemed conclusive evidence of the fact that
the transaction was entered	l into under the Business Account Program number.
This agreement remains in	effect until written notice of cancellation is received by either party.
<u> </u>	ponsible for all rental charges that occur until the Business Account
	cancelled. Notice should be sent to stateoffloridabrse@ehi.com.
r rogram number has been	cancelled. Notice should be sent to stateomoridabise@em.com.
Notice to the company shou	uld be sent to (complete your information below):
	ald be sent to (complete your information below):
Company Name:	ald be sent to (complete your information below):
Company Name: Street Address:	ald be sent to (complete your information below):
Company Name: Street Address: City/State/Zip:	Ild be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name:	ald be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email:	ald be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax:	Ild be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email:	ald be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:	Ild be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number: Signature of Cardholder:	Ild be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:  Signature of Cardholder: Printed Name:	ald be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:  Signature of Cardholder: Printed Name: Title:	ald be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:  Signature of Cardholder: Printed Name:	Ild be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:  Signature of Cardholder: Printed Name: Title:	Ild be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:  Signature of Cardholder: Printed Name: Title:	ald be sent to (complete your information below):
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:  Signature of Cardholder: Printed Name: Title: Date:  Billing information	
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:  Signature of Cardholder: Printed Name: Title: Date:  Billing information  Account #:	To be assigned
Company Name: Street Address: City/State/Zip: Contact Name: Contact Email: Company Fax: Phone Number:  Signature of Cardholder: Printed Name: Title: Date:  Billing information	

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