

NATIONWIDE & WORLDWIDE CHAUFFEURED SERVICES



Affiliate Application

Company Information:

Name of Company: _____ Phone #: _____

Fax #: _____ Toll Free #: _____

Mailing Address: _____ Suite#: _____

City: _____ State: _____ Zip: _____

Email: _____ Contact Person: _____

Website: _____

of Years in Business: _____

Title	Name	Phone #	Email
<i>Owner/President:</i>			
<i>General Manager:</i>			
<i>Operations Manager:</i>			
<i>Dispatch Manager:</i>			
<i>Affiliate Manager:</i>			
<i>Reservations Manager:</i>			
<i>Billing Manager:</i>			



Which airports do you service? (Please include private airports.)

Airport Name	Airport Code	Airport Instructions	Distance
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Do you have meet and greet service? Yes No

If yes, is there a fee? _____

Do you track arriving flights? Yes No

If yes, how? _____

Please explain your terms and conditions for no-show, late-cancel, change-modification, wait-time policy.



Insurance Information

Insurance (US Only)

General Liability: _____ Yes _____ No
Aggregate Amount: \$ _____
Vehicle Liability: _____ Yes _____ No
Aggregate Amount: \$ _____
Excess Liability: _____ Yes _____ No
Aggregate Amount: \$ _____
Workers Comp: _____ Yes _____ No
Aggregate Amount: \$ _____

Insurance (International Only)

Please describe insurance coverage for Compulsory/Mandatory Insurance in Compliance with applicable by laws/regulations.

Comprehensive General Liability Coverage
Aggregate Amount: \$ _____
Vehicle Liability Coverage (including hired & non-owned vehicles)
Aggregate Amount: \$ _____
Excess Liability Coverage
Aggregate Amount: \$ _____

Operations

In what cities do you provide service? _____

Can reservations be made 24 hours/7 days a week? _____ Yes _____ No
If not, what are the hours for reservations? _____

How are reservations managed outside the stated hours of operation?

Are Drivers available 24 hours/7 days a week? _____ Yes _____ No

Can Drivers be booked outside the normal operational hours? _____ Yes _____ No



Employee Information

How many staff members does your company have in each field?

Reservationists: _____
Dispatchers: _____
Accounting: _____
Marketing: _____
Maintenance: _____
Corporate: _____
Other: _____
Total # of Staff: _____

How many of the drivers are:

Employees: _____
Independent Contractors: _____
Owner Operators: _____
Total: _____

What is the driver's attire?

Please describe: _____

Are drivers drug tested before hiring? _____ Yes _____ No
Are drivers randomly drugged tested during employment? _____ Yes _____ No
Are driver abstracts checked before employment? _____ Yes _____ No
Are driver abstracts checked yearly? _____ Yes _____ No

What are driver abstract requirements? _____

Is a copy of driver's abstract kept in employee's file? _____ Yes _____ No
Is a driver's background checked before hiring? _____ Yes _____ No

Driver Training:

Please describe your company's initial Driver Training: _____

Defensive Driver Course? _____ Yes _____ No
Please list course name: _____

Customer Service Course? _____ Yes _____ No
Map Test/ Route Course? _____ Yes _____ No
On the Road Course? _____ Yes _____ No
Please describe course: _____

Annual Refresher Driver Training: _____ Yes _____ No
Please describe training: _____

Are Records maintained in Employee's file? _____ Yes _____ No



Customer Information

What is your customer base (in % of sales)

Corporate Traveler _____
Leisure Traveler _____
Groups (Events) _____
Shared Rides _____

Does your company have a trip voucher in the vehicles that the customer is required to sign?
____ Yes ____ No

Is gratuity included in the bill? ____ Yes ____ No

Do your drivers accept gratuities? ____ Yes ____ No

On average, how many rides does your company complete daily?

Airport Transfer _____
As Directed _____
Other _____

Customer Follow-Up

Does your company track your service quality? ____ Yes ____ No

Please describe the main service issues: _____

Services to Customers:

Are beverages provided in the vehicles?

Sedans ____ Yes ____ No
Limousines ____ Yes ____ No
Vans ____ Yes ____ No
Mini Buses ____ Yes ____ No
Other ____ Yes ____ No

Do you provide newspapers/magazines in the vehicles? ____ Yes ____ No

If yes, what kind? _____

Is wi-fi available? ____ Yes ____ No



References

Referrals:

Do you currently refer rides outside your market? ____ Yes ____ No

In which cities? _____

In which countries? _____

With which companies? _____

Are you currently affiliated with any networks? ____ Yes ____ No

Please list network affiliations:

Please provide 2 references from clients:

Reference 1:

Company Name _____

Contact Person: _____

Phone or email: _____

Reference 2:

Company Name: _____

Contact Person: _____

Phone or email: _____



Affiliate Quality Standards Requirements

All Delux Transportation Affiliates must agree to the following:

- Affiliate is required to maintain 24/7 dispatch coverage for all reservations.
- Affiliate must provide Delux Transportation with emergency contact phone numbers that can be contacted, in case Delux Transportation team cannot contact Affiliate in the event of an emergency.
- Affiliate will train all chauffeurs on the Delux Transportation procedures.
- Affiliate must provide Delux Transportation with an account manager.
- Affiliate must comply with rated vehicle capacities.
- Affiliate must track and update flight arrival times on all Delux Transportation trips
- Affiliate must notify Delux Transportation in the event of any Delux customer complaints involving the move.
- Affiliate must notify Delux Transportation in the event a vehicle is involved in any accident or any other instance that the vehicle requires towing, resulting in delaying the passenger.
- Affiliate must report to Delux Transportation in the event that the vehicle cannot arrive on location at the arrival time.
- Affiliate must immediately report any service issues to Delux Transportation that would prevent service to the passenger (including, but not limited to: mechanical failures, road closures, double bookings, etc.)
- Affiliate must notify Delux Transportation, with an ample amount of notice, of any special event that would limit vehicle availability, and/or change rates during the event period.
- Affiliate is to get approval from Delux Transportation before releasing a vehicle, if no contact was made with the passenger.
- Affiliate must contact Delux Transportation for approval if the passenger wishes to change or add an additional service (if requiring additional charges) other than what was scheduled. This includes if waiting time is added.
- Affiliate is to ensure that chauffeurs are properly licensed by the appropriate State DMV and local operation authorities.
- Affiliate is to review chauffeur Motor Vehicle Reports (MVRs) of driver history and driver license status.
- Affiliate drivers are to represent themselves as an addition of Delux Transportation.
- Drivers are not to promote themselves or their primary transportation company.
- Drivers must be clean and well-groomed.
- Affiliate drivers are to be dressed in a black suit, white dress shirt, ties, and black dress shoes.
- Drivers will not smoke or eat in the presence of the customer.
- Affiliates are to make sure drivers carry a cell phone and/or a 2-way radio communication with dispatch.
- **Affiliates are to ensure drivers do not solicit gratuities from customers.**
- Affiliates are to provide Delux Transportation customers with current model, and impeccably clean vehicles requested by our customers.
- Affiliates are to ensure vehicles are non-smoking for all Delux Transportation trips (unless requested differently by customers).
- Drivers are to be on pick-location 15 minutes prior to scheduled time.

*Delux Transportation appreciates your company for assigning your best driver to provide the ultimate care for our clients! The Delux team promises to do the same for your company.

By signing you agree to the above requirements:

Applicant Signature: _____



Credit Card Authorization

Payment Information:

Credit Card Number: _____ Expiration Date: _____

Security Code: _____

Card Type: Visa _____ MasterCard _____ American Express _____ Discover _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holders Phone Number: _____

Card Holders Signature: _____

Applicant's Signature _____ Date: _____