

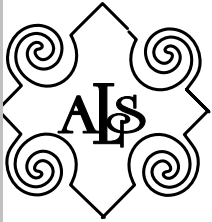
ALPINE LIMOUSINE SERVICE INC.

Global Affiliate Packet

Thank you for partnering with Alpine Limousine. In keeping up with our clients' tremendous growth and travel needs, ALS is expanding our network on both national and global. We seek companies that are not only professional but that will represent the same outstanding service ALS is known for all over the world.

To partner with Alpine, the following requirements apply:

- 1) ALS requires a minimum of 1.5 Million dollars of Automobile Liability Insurance.
- 2) No job given to a vendor is to be subcontracted without prior authorization from Alpine Limousine management.
- 3) We do not allow color vehicles other than black.
- 4) It is the responsibility of the vendor to check all flight arrivals and adjust their dispatch time accordingly.
- 5) All airport pick ups are done inside unless instructed otherwise; should you have any problems finding the passenger, please contact our dispatch center immediately.
- 6) If a driver does not make contact with a client, always call ALS before you release the vehicle, and wait for any further instructions.
- 7) Any service problems must be reported to ALS's management immediately.
- 8) Charges must be returned to Alpine within 24 hours or at the end of the jobs.
- 9) Under no circumstance is the farm out vendor to bill the client directly for services.
- 10) Cash jobs collected by the vendor will be deducted from the vendor's next payment as well as the commission on the cash collected.
- 11) Payment for service related issues would be resolved as follows:
 - a. ALS error- full payment to vendor.
 - b. Vendor error- payment will be adjusted at the full discretion of ALS customer service.
 - c. Disputes- the farm out vendor agrees to allow ALS's Customer Service full billing discretion.
 - d. In the event that ALS is unable to collect payment due to a service issue and payment has already made to the vendor, e.g. a credit card charge back, ALS reserves the right to pass the partial or full charges back to the vendor.
- 12) Under no circumstances are you, (partner) allowed to ask our passengers for any tips or demand payment in advance, doing so, will immediately result in termination of our partnership.
- 13) Your drivers are to be courteous, helpful and always act professional. Your vehicle should be spectacularly maintained.
- 14) We must be able to contact you at all times.



COMPANY INFORMATION

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office #: _____ Fax #: _____

800 #: _____ Emergency #: _____

Federal Tax ID #: _____ Accounting Fax #: _____

Web Address: _____

Email Address: _____

CORPORATE OFFICERS

| Title | Name | Email Address |
|---------------------------|------|---------------|
| President | | |
| General Manager | | |
| Operations Manager | | |
| Accounting Manager | | |
| Dispatch Manager | | |
| Reservations Manager | | |
| Affiliate/Partner Manager | | |

YOUR COMPANY POLICES

Are all your vehicles equipped with cellular phones? _____

Are all your vehicles equipped with 2-way radios? _____

Do your vehicles have GPS? _____

Do you enforce a standard dress code? _____

Do you have a dispatcher available 24 hours? _____



If no, what are your hours and days of operation? _____

What type of limousine software do you utilize? _____

What Airports do you service? _____

What are you pick up procedures? _____

How do you track flights for delays, changes and cancellations? _____

What are your cancellation policies? _____

Are you a current member of the NLA ? _____

YOUR BILLING POLICES

Do you offer a discount to Alpine? _____

What are your billing procedures and terms? _____

What type of credit cards do you accept? _____

Do you charge extra for International arrivals? _____

Do you charge extra for gate meets? _____

Do you charge for excessive luggage? _____

Do you charge for holidays, late night, or early AM pick-ups? _____

What is your standard billing cycle? _____

INSURANCE & TAX INFORMATION

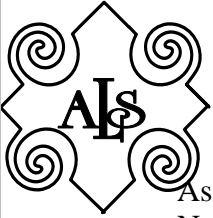
Your Insurance Carrier: _____ Policy #: _____

General Liability Amount: _____

Automobile Liability Amount: _____

Workers Comp Carrier: _____ Policy #: _____

A Certificate of Insurance listing Alpine Limousine as an additional insured is required.



As a Federal Income Tax Law, it is required that we receive your Taxpayer Identification Number or your Social Security Number. You could be subjected to a \$50.00 fine from the Internal Revenue Service if the correct information is not provided.

We must receive your W-9 form before we are able to make any payments to you. Please complete and return to:

Alpine Limousine Service, Inc
9 Brook Avenue
Maywood, NJ 07607

Your Insurance Carrier: _____ Policy #: _____

General Liability Amount: _____

Automobile Liability Amount: _____

Workers Comp Carrier: _____ Policy #: _____

DRIVERS

Please answer yes or no to the following driver hiring procedures:

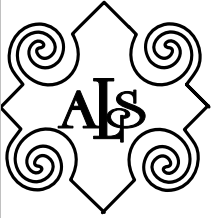
Drug & Alcohol Testing: _____

Random Drug & Alcohol Testing: _____

Criminal Background Screening: _____

Physical Testing: _____

MVR Report: _____



PARTNERSHIP CONTRACT AGREEMENT

Date: ____/____/____

This serves as an agreement between Alpine Limousine Service, Inc. and

_____.

The above company hereby agrees to become a partner of Alpine Limousine Service, providing vehicles with chauffeurs upon availability. The listed company will adhere to Alpine Limousine's rates including corporate Fortune 500 companies discounted rates. The listed company will comply with Alpine's policies and regulations, following all proper procedures for the acceptance and execution of transportation assignments. In addition, the listed affiliate company must also provide to Alpine Limousine proper Liability Insurance, indicating Alpine as an insured party. A valid copy of the affiliate company's Business and/or Operating License is required, along with a signed copy of the attached "Partnership Agreement Terms and Conditions" document.

Company: _____

Location: _____

Signature: _____ Date: _____

Print Name: _____

Business License Number: _____

Tax Payer ID Number: _____

*9 Brook Avenue, Maywood, NJ 07607
(800) 868-8678 ~ (201) 373-9599 ~ (212) 333-7444 ~ (212) 982-8858
FAX (201) 373-1101*

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