



Unit#8, 5660 10 Street NE, Calgary AB T2E 8W7
Phone # 403-266-0018, Fax-587-230-6828
Email- management@calgaryunitedcabs.com

Corporate Account Application Form

Fax completed form to Amy Pierce, Supervisor of Business Development at (403) 266-0018.
And for any further details contact Amy at 403-266-0018.

Company Name: _____

Contact: _____

Billing Address: _____

City: _____ Prov: _____ Postal Code: _____

Shipping Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ FAX: _____

E-mail: _____

Type of Business: _____ In Business Since: _____

Form of Business: Corporation LLC Partnership Sole Proprietor

Name of individual with authorization: _____

To whose attention should invoices be sent? _____

Option 1:

If you wish to pay by credit card, please provide information below:

VISA Card Number _____ Exp. Date _____ CCV _____

MasterCard Number _____ Exp. Date _____ CCV _____

American Express Card Number _____ Exp. Date _____ CVV _____

Option 2:

Merchant ID _____

Banking information:

Bank Name _____

Institute# _____

Branch# _____

Account# _____

Bank Address: _____

City: _____ Prov: _____ Postal Code: _____

Bank Phone# _____

Bank Contact person _____

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

CREDIT AGREEMENT In consideration of the extension of credit to us by Calgary United Cabs, we agree to pay all amounts owing by us to Calgary United Cabs in respect of taxi fares incurred by ourselves or with our apparent authority and all service charges, and other charges under this credit agreement. We accept full responsibility for the whole amounts charged to us and agree that the amount of any bill bearing our signature or the signature of a person apparently authorized by us shall be final and binding on us. We agree that any discrepancies noted on the statement of account will be brought to the attention of Calgary United Cabs within 15 days of the billing date, or otherwise it will be deemed that the invoice is correct. We further agree that all invoices are due upon receipt. Accounts owing 60 days or more on their account will be subject to a 3% interest fee. Calgary United Cabs may amend any term or condition of this credit agreement by giving us 30 days written notice of the amendment. No such change or amendment shall relieve us from any obligation under this credit agreement. Calgary United Cabs may at any time terminate this credit agreement immediately upon written notice. If our taxi coupons become lost or stolen, our liability is released upon written notification, in case of such an event. Any charges incurred up to the time of receipt of such notice by Calgary United Cabs will be our responsibility. The undersigned authorizes and consents to the receipt and exchange of credit information and agrees to abide by the terms set out in this credit agreement.

Name of Applicant (print name) _____ Title: _____

Signature of Applicant _____ Date: _____