



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

## Corporate Account Application Form

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Billing 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 (Must):**

Calgary United Cabs will only charge your credit card, If Invoice has not been paid over 90 Days. Please provide information below:

Type of Card: Visa  MasterCard  Amex  Other: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV \_\_\_\_\_

### **Option 2 (Optional):**

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. 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.

\_\_\_\_\_ (initial here) **You agree, Calgary United Cabs has right to charge the credit card or bank account on this application if there is a balance owing for 90 days or more.**

Name of Applicant (print name) \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed form to Fax-587-230-6828 or email to [management@calgaryunitedcabs.com](mailto:management@calgaryunitedcabs.com). If you have any questions please feel free to contact Jagdev at 403-266-0018 or 403-777-1111