

CORPORATE CHARGE ACCOUNT CREDIT APPLICATION

PLEASE PRINT ALL INFORMATION LEGIBLY. THANK YOU.

COMPANY NAME _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

COMPANY ADDRESS _____

Street Address _____

City _____

State _____

Zip Code _____

BILLING ADDRESS _____

(If Different)

Street Address _____

City _____

State _____

Zip Code _____

DEPARTMENT or ATTENTION TO: _____

HOW LONG AT CURRENT ADDRESS: _____

If less than 5 years, please provide:

PREVIOUS ADDRESS _____

Street Address _____

City _____

State _____

Zip Code _____

Person Opening Account _____

Title _____

Nature of Business _____

How Long in Business _____

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

FEDERAL TAX ID # _____

SOCIAL SECURITY
(If Sole Proprietorship) _____

CORPORATE OFFICERS:

PRESIDENT _____

DIRECT PHONE _____

VICE PRESIDENT _____

DIRECT PHONE _____

SECRETARY _____

DIRECT PHONE _____

BANK INFORMATION:

BANK NAME _____ ACCOUNT NUMBER _____

COMPANY ADDRESS _____
Street Address

City State Zip Code

CONTACT NAME _____ POSITION _____

REFERENCES:

COMPANY NAME _____

COMPANY ADDRESS _____
Street Address

City State Zip Code

CONTACT NAME _____ POSITION _____

TELEPHONE NUMBER _____

COMPANY NAME _____

COMPANY ADDRESS _____
Street Address

City State Zip Code

CONTACT NAME _____ POSITION _____

TELEPHONE NUMBER _____

COMPANY NAME _____

COMPANY ADDRESS _____
Street Address

City State Zip Code

CONTACT NAME _____ POSITION _____

TELEPHONE NUMBER _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the organization to which this application is made to investigate my/our credit and financial responsibility.

SIGNATURE:

(Agreed By)

PRINT NAME:

DATE:

SIGNATURE:

(Agreed By)

PRINT NAME:

DATE:

SIGNATURE:

(Agreed By)

PRINT NAME:

DATE:

**CORPORATE CHARGE ACCOUNT CREDIT APPLICATION
TERMS AND CONDITIONS**

I understand that the information furnished to you on this application is for the purpose of obtaining credit.

By my name and signature below, I acknowledge that I have read and agree to the terms, conditions, and disclosures which are part of this application.

The terms of this credit agreement requires payment upon receipt of invoice. Your account will be billed monthly with the closing date being the last of each month.

Any amount exceeding 30 days due is considered past due. **CREDIT SERVICES WILL AUTOMATICALLY BE SUSPENDED FOR ANY ACCOUNT EXCEEDING 30 DAYS PAST DUE.**

Our trip vouchers are three-part invoices. The original copy of each trip voucher will be sent with your monthly invoice. Replacement photocopies of each trip voucher are available for \$1.00 per ticket sent; the charge will be billed to your next invoice.

Any questions concerning your billing should be addressed to the accounting department at 757-853-1255 ext. 119.

SIGNATURE:
(Agreed By)

PRINT NAME:

POSITION HELD/TITLE:

DATE:

COMPANY NAME / COMMAND:

PLEASE NOTE: All taxicabs are leased to drivers serving as independent lessees, not employees. All drivers have had a criminal background check by their respective city and issued a taxicab driver permit. These independent lessees shall provide service under any contractual arrangement and any necessary preapproval for such subcontracting is hereby given. The cab company does not control the independent lessees and does not dictate that they participate in this contract. The cab company merely agrees to provide access to its respective independent lessee drivers – who will exclusively serve as the ultimate service providers under any contract.