

**PRE-PAID CHARGE ACCOUNT
CREDIT APPLICATION**

PLEASE PRINT ALL INFORMATION LEGIBLY. THANK YOU.

NAME
(Who is the Cab Service for?) _____

RESPONSIBLE PARTY
(Person Responsible for Bills) _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

STREET ADDRESS _____

BILLING ADDRESS
(If Different) _____

DEPT OR ATTN TO: _____

PERSON OPENING ACCT _____

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.

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:

CONTACT NUMBERS

Accounting Department – for ALL of the cab companies

ACCOUNTS RECEIVABLE	LORI GODWIN
PHONE NUMBER	757-853-1255 ext 119
FAX NUMBER	757-853-8992
BILLING ADDRESS	6304 Sewells Point Road Norfolk, VA 23513
EMAIL ADDRESS	hrtlorig@hotmail.com

DISPATCH

Fax Number	757-853-7125
Norfolk Checker Taxi/Yellow Cab of Norfolk	757-855-3333
Black and White Cabs (in Norfolk)	757-855-4444
Black and White Cabs of Virginia Beach	757-855-3334
Yellow Cab of Hampton	757-855-0000
Yellow Cab of Newport News	757-855-1111

FEDERAL TAX ID NUMBERS

Norview Cars, Inc. t/a Norfolk Checker Taxi and Yellow Cab of Norfolk	54-0598639
Black and White Cars, Inc. t/a Black and White Cabs	54-0490934
Black and White Cabs of Virginia Beach, Inc.	26-1458412
Checker Cab Company, Inc. t/a Yellow Cab of Hampton	54-1185908
Yellow Cab of Newport News, Inc. t/a Yellow Cab of Newport News	54-1611369

CREDIT CARD AUTHORIZATION FORM

****ACCEPTING: VISA MASTERCARD AMERICAN EXPRESS DISCOVER****

TYPE OF CREDIT CARD:

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

CREDIT CARD NUMBER:

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EXPIRATION DATE

/

/

CVV / CVC /CID

CARD HOLDER'S NAME

(Please Print)

CARD HOLDER BILLING

ADDRESS

Street Address

City

State

Zip Code

CARD HOLDER'S PHONE #

By signing below I give the above cab companies permission to charge my credit card as needed, for

taxi transportation provided to:

CARD HOLDER SIGNATURE

(Agreed By)

CARD HOLDER NAME

(Please Print)

DATE:
