

# 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 \_\_\_\_\_

**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: Taxicabs providing transportation are owned by local taxicab companies that have contracted with Hampton Roads Transportation, Inc. for dispatch, administration, maintenance, and other services. 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.

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)

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PRINTNAME:

---

DATE:

---

SIGNATURE:  
(Agreed By)

---

PRINT NAME:

---

DATE:

---

SIGNATURE:  
(Agreed By)

---

PRINT NAME:

---

DATE:

---

# 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 \_\_\_\_\_

# 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: