



APPLICATION FOR COMMERCIAL CHARGE ACCOUNT

Business Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Business Owner/Corporate Officer: _____ Title: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Bank (Branch): _____ Contact: _____ Phone: _____

Bank (Branch): _____ Contact: _____ Phone: _____

3 LOCAL CREDIT REFERENCES

Name Address Phone How Long

- 1. _____
2. _____
3. _____

USES OF OUR SERVICES

- 1. YOU MAY BE GIVEN PRE-PRINTED TRAVEL VOUCHERS...
2. 24-7 YELLOW CAB MAILS BILLING STATEMENTS...
3. PLEASE CONTACT 24-7 YELLOW CAB PROMPTLY...
4. WHEN PAYING YOUR BILL PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR CHECK

TERMS & CONDITIONS

- 1. THE PARTY SEEKING CREDIT ("CLIENT") WARRANTS THAT THE INFORMATION PROVIDED IS CORRECT...
2. CLIENT ACCEPTS FINANCIAL RESPONSIBILITY FOR PAYMENT OF ALL STATEMENTS...
3. 24-7 YELLOW CAB WILL TERMINATE CLIENT'S ACCOUNT IF THE BALANCE BECOMES MORE THAN 60 DAYS PAST DUE.
4. IN THE EVENT 24-7 YELLOW CAB HIRES A COLLECTION AGENCY...
5. THESE TERMS AND CONDITIONS STATE THE ENTIRE AGREEMENT OF THE PARTIES.

I AGREE WITH 24-7 YELLOW CAB "USAGE OF OUR SERVICES" AND "TERMS & CONDITIONS" STATED ABOVE:

(DATE) (PRINCIPAL SIGNATURE)