

CO-OP CABS ASSOCIATED TORONTO TAXI CAB CO-OPERATIVE LIMITED

560 King St. W. Toronto, Ont. M5V 1M3 PH: 416-504-4016 FX: 416-504-0663 email: sales@co-opcabs.com

CREDIT APPLICATION – COMMERCIAL ACCOUNT

COMPANY NAME _____

CONTACT _____ DEPT./ TITLE _____

STREET ADDRESS _____

FLOOR/SUITE # _____ CITY & PROV. _____ POSTAL CODE _____

PHONE# _____ X _____ FAX _____ EMAIL _____

TYPE OF BUSINESS _____ YEAR ESTABLISHED _____

PREFERRED METHOD OF INVOICE PAYMENT: **PLEASE CHECK ONE**

CHEQUE: (Due upon receipt)

OR

CORPORATE CREDIT CARD

CARD # _____

EXP. DATE: _____ NAME ON CARD _____

I AUTHORIZE CO-OP CABS TO PROCESS PAYMENT OF MY MONTHLY INVOICES ON THE ABOVE NOTED CREDIT CARD

SIGNATURE OF CARD HOLDER _____

TRADE REFERENCES List three current suppliers

1.	Telephone #
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2.	Telephone #
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3.	Telephone #
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BANK	BRANCH
PHONE #	ACCT.#

CREDIT AGREEMENT

In consideration of the extension of credit to us by Co-op Cabs, we agree to pay all amounts owing by us to Co-op 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 to pay Co-op Cabs a monthly service charge of 5.5% of the amount charged to our account for each invoice. We agree that any discrepancies noted on the statement of account will be brought to the attention of Co-op 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. Co-op 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. Co-op 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 the case of such event. Any charges incurred up to the time of receipt of such notice by Co-op 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.

Name of Applicant (Print name) _____ Signature _____

Title of Applicant _____ Date: _____

