



**CORPORATE ACCOUNT APPLICATION FORM**

Fax completed form to Heather Schell, Supervisor of Business Development at 416 504 0663.

For more details contact Heather at 416 504 4016 x243.

\_\_\_\_\_  
 Company Name Contact Title

\_\_\_\_\_  
 Telephone Fax Other

\_\_\_\_\_  
 Email

\_\_\_\_\_  
**Billing Address:** Number Street Suite/Floor

\_\_\_\_\_  
 City Province Postal Code

Voucher Books mailed to same address as above? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please provide details below)

\_\_\_\_\_  
**Mailing Address:** Number Street Suite/Floor

\_\_\_\_\_  
 City Province Postal Code

Preferred method of invoice payment? Cheque (due upon receipt) \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_ Amex \_\_\_\_\_

\_\_\_\_\_  
 Credit Card Number Expiry Date Cardholder's Name

I authorize Co-op Cabs to process payment of my monthly invoices on the above credit card.

\_\_\_\_\_  
 Signature of cardholder

**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. Accounts owing 60 days or more on their account will be subject to a 3% interest fee. 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 case of such an 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 (please print) Title

\_\_\_\_\_  
 Signature of Applicant Date

Open Form