

A BLACK CAB

966 Pantera Drive, Unit #6
Mississauga, ON L4W 2S1
Phone: 905 822 4000 Fax: 905 625 4943

CORPORATE ACCOUNT APPLICATION

COMPANY: _____

ADDRESS: _____

TELEPHONE NO. _____ FAX NO. _____

CONTACT PERSON: _____

CREDIT CARD NUMBER: _____

CARD HOLDER'S NAME: _____

CREDIT CARD TYPE: VISA ____ MASTER ____ A.E ____ OTHER _____

EXPIRATION DATE: MONTH ____ YEAR ____ SECURITY CODE ____

BANK TELEPHONE NO. _____ FAX NO. _____

CREDIT REFERENCE: (OPTIONAL)
(COMPANY NAME, ADDRESS, CONTACT NAME, PHONE NO.)

1. _____

2. _____

Term and conditions:

5% Administration fee on monthly charges. Invoice payable within 30 days from invoice date. 2% per month charged on overdue accounts.

We (I) herby certify that the information provided above is true and authorizes A Black Cab to verify the references or to exchange credit information about the company with the credit information about the company with the credit bureau or any corporation carrying out business with our company.

We herby agree to the terms and conditions specified above.

APPLICANT _____ TITLE _____

SIGNATURE _____ DATE _____