

# BELL CITY CABS

## Corporate Account Application

Please fax the completed application to (519) 759-0122, or mail to:

BELL CITY CABS  
190 West Street  
Brantford, Ontario  
N3R 3T9

Questions? Please call us at (519) 759-1300

**Name Of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**How Long At This**

**Address:** \_\_\_\_\_

**Previous Address**

(If less than 2 yr. at present address): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Business Phone Number:** ( ) \_\_\_\_\_

**Fax Number:** ( ) \_\_\_\_\_

**Trade**

**References:**

Give Name Address and  
Phone Number Please

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Deposit Amount:** \_\_\_\_\_

Method of Payment or Credit Card Number: \_\_\_\_\_

**Monthly Credit Required:** \$ \_\_\_\_\_

**Name of Payee if  
different from above:** \_\_\_\_\_

Please Specify Address \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Phone Number/Email**

**Address:** ( ) \_\_\_\_\_

### PLEASE NOTE THE FOLLOWING:

All accounts are due and payable when rendered. Account balances outstanding at the end of thirty (30) days are subject to an 18% per year service charge. This is calculated on the unpaid balance. Failure to pay accounts promptly may result in a withdrawal of charging privileges.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print**

**Name:** \_\_\_\_\_

### For Office Use Only

**Account Number:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

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**Date Opened:** \_\_\_\_\_