

Brant Taxi

Corporate Account Application

Please fax the completed application to (519) 752-3169 or mail to:

Brant Taxi
289 Murray Street
Brantford, Ontario
N3S 5S9

For any further questions, please call Lori at (519) 752-1068 ext. 2

Complete Name Of Company: _____

Address: _____

Postal Code: _____

E-Mail Address: _____

Business Phone Number: () _____

(*Required*) **Credit Card #:** _____ **Exp. Date:** _____

Preferred Method of Payment: () Credit Card () Cheque () Cash

**Approximate Amount Of Monthly Credit
Required:** \$ _____

Please Specify Exact Name on Payment Cheque: _____

Name of Contact Person for This Account: _____

Contact Person's Position: _____

Contact Person's Telephone Number: () _____

Fax Number: () _____

PLEASE NOTE THE FOLLOWING:

All charge accounts are due and payable when rendered. Account balances outstanding at the end of thirty (30) days are subject to a 2% per month service charge. This is calculated on the unpaid balance. Failure to pay accounts promptly may result in a withdrawal of charging privileges. **There are no exceptions to the payment of interest.**

PLEASE SIGN THE FOLLOWING:

Should Brant Taxi deem it necessary to close my account for reason of non-payment, I hereby authorize the use of the credit card mentioned above for payment of total monies owed to Brant Taxi.

Date: _____ **Signature:** _____

Print Name: _____

For Office Use Only

Account Number: _____

Approved By: _____

Date Opened: _____

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