

Golden Triangle Taxi Ltd.

14 Wellington St. Cambridge, Ontario N1R 3Y5

Dispatch (519-740-2222 Business Office (519)621-5652 Fax (519) 621-4550

Application for Business Account

Billing Information:

Company: _____

Address: _____

City: _____ Postal Code: _____

Attention: _____ Phone #: _____

Email: _____ Fax #: _____

Information of facility using the account

Check if same as above information

Company: _____

Address: _____

City: _____ Postal Code: _____

Attention: _____ Phone #: _____

Email: _____ Fax #: _____

Credit References

Company Name: _____ Phone number: _____

Company Name: _____ Phone number: _____

Account Details:

Start Date: _____ End Date: _____

a) Only certain people may call for a cab. (ie: "only supervisors" or "Only John Doe")

List: _____

b) Only certain addresses are allowed. (ie: "to\from the company only" or "to\from medical only")

List: _____

c) Password on the account.

List: _____

d) Other (please specify).

List: _____

I authorize Golden Triangle Taxi Ltd. To exchange credit information with any credit reporting agency regarding this application and account. I understand that all invoices are to be paid in full 30 days from the date of the invoice. Any claims arising from invoices must be made within 7 days from the date of this invoice. We will contact you to advise when the account is approved. Should you have any questions, please do not hesitate to call us at 519-621-5652 ext 221.

Authorized Signature

Name (please print)

Position

Date

Account Number: _____