

Crown Taxi 130 Rivalda Road, Suite 207, Toronto, M9M 2M8 Tel: 416-504-4016 Fax: 416-504-0663

Corporate Account Application Form

Fax completed form to Corporate Service & Business Development Department at 416-504-0663 or email corporatesales@crowntaxi.com. For any questions and/or further details, contact our Corporate Service Rep at 416-504-4016 ext. 231.

Company Name		Contact	Title
Telephone No.	Ext. No.	Fax	Other
Email Address			
Street Address			Suite/Floor
City		Province	Postal Code
Preferred method of invoice payment?	Cheque (due	e upon receipt) Visa	M/C EFT
	00400 (00.	- upooco.pty 1.co.	
Credit Card Number	Expiry Date	CVV Code	Cardholder's Name
			Pr 1
I authorize A.T.T.C.L. to process paym	ient of my monthly li	nvoices on the above cre	ait cara.
			5
Signature of Credit Card Holder			Date
Voucher Books mailed to same address	ss as above? Ye	s No (If no please p	provide details below)
Street Address			Suite-Floor
City		Province	Postal Code
CREDIT AGREEMENT			
In consideration of the extension of credit to us by A	ssociated Toronto Taxi-Cab	Co-operative Limited (A.T.T.C.L.) (o/a: Co-op Cabs, Crown Taxi, Royal Taxi, Emery
Transportation, Emery Mobility) we agree to pay all amou authority and all service charges, and other charges unde	ints owing by us to A.T.T.C.L	. in respect of taxi and/or transportat	ion fares incurred by ourselves or with our apparent
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 A.T.T.C.L. a monthly service charge of
5.5% of the amount charged to our account for each invo- within 15 days of the billing date, or otherwise it will be d			
more will be subject to a 3% interest fee. A.T.T.C.L. may change or amendment shall relieve us from any obligation	amend any term or condition	of this credit agreement by giving us	30 days' written notice of the amendment. No such
notice. If our taxi coupons become lost or stolen, our liabil	ity is released upon written no	otification, in case of such an event. A	ny charges incurred up to the time of receipt of such
notice by A.T.T.C.L. will be our responsibility. The unders out in this credit agreement.	igned authorizes and consen	ts to the receipt and exchange of cre	dit information and agrees to abide by the terms set
Name of Applicant (ple	ease print)		Title
Applicant S	ignature		Date



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For Office Use Only:			
Application Approved:	Approval Date:	Date Account Activated	_
Application Rejected:			
Application (Nejected:	Rejection Date:		
Reason for Rejection:			
Application Processed By (please pri	nt\	Date	
Application i Tocessed by (please pit	111.)	Date	