

APPLICATION TO OPEN A BUSINESS CREDIT ACCOUNT

(PLEASE PRINT CLEARLY)

COMPANY NAME _____

TRADING NAME _____

STREET ADDRESS _____

POSTAL ADDRESS _____

TELEPHONE () _____ FAX () _____

NATURE OF BUSINESS _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

INVOICE EMAIL ADDRESS _____

CREDIT CARD DETAILS – please circle

AMERICAN EXPRESS

DINERS

VISA

MASTERCARD

BANKCARD

NUMBER _____

EXPIRY DATE _____ AUTHORIZED SIGNATURE _____

If my account remains unpaid after two months I authorise Corporate Cabs Ltd to debit my credit card.

PLEASE PRINT CARDHOLDER NAME(S) AND/OR NUMBER OF VOUCHER BOOKS REQUIRED

NUMBER OF VOUCHER BOOKS

NB Each voucher book has 50 vouchers

CARDHOLDERS (As you require it printed on the card)

Corporate Cabs

PROFESSIONALLY
DRIVEN

DIRECTOR(S) NAME(S) _____

SHAREHOLDER(S) NAME(S) _____

TRADE REFERENCES 1 NAME: _____ PHONE: _____

2 NAME: _____ PHONE: _____

We acknowledge the purchase of any services from Corporate Cabs Ltd are subject to the following terms

1. Payment is to be made to Corporate Cabs Ltd on or before the 20th of the month following the provision of services
2. The continuance of the credit facility or restriction of the same will be at the discretion of Corporate Cabs Ltd
3. A 7.5% account administration fee is payable
4. The undersigned (e.g. Director of the Company) personally guarantees settlement of any outstanding account

SIGNATURE _____

NAME & DESIGNATION _____

TO BE FILLED IN BY CORPORATE CABS:

NEW ACCOUNT NO _____

DATE ACCOUNT OPENED _____