

APPLICATION TO OPEN A PERSONAL CREDIT ACCOUNT
(PLEASE PRINT CLEARLY)

SURNAME (Mr Mrs Miss Ms) _____

FIRST NAMES _____

HOME ADDRESS _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE DAY () _____ **AFTER HOURS ()** _____

FAX () _____ **MOBILE** _____

DATE OF BIRTH _____ **DRIVER LICENCE/PASSPORT NO.** _____

CREDIT CARD DETAILS – please circle

AMERICAN EXPRESS DINERS VISA MASTERCARD BANKCARD

NUMBER _____

EXPIRY DATE _____ **AUTHORISED SIGNATURE** _____

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

ESTIMATED MONTHLY TAXI SPEND

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)

I 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. I/We warrant that the information supplied in this application is complete, true and correct. I/We authorise Corporate Cabs Limited to obtain from any source, and any person to furnish to Corporate Cabs Limited, any information concerning my/our ID, credit and employment. I/We understand that Corporate Cabs Limited need not provide a reason should this application be declined.

NAME (PLEASE PRINT) _____

SIGNED _____

TO BE FILLED IN BY CORPORATE CABS:

NEW ACCOUNT NO _____ **DATE ACCOUNT OPENED** _____