



CORPORATE CABS
Professionally Driven

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 _____

INVOICE EMAIL ADDRESS _____

DIRECTOR(S) NAME(S) _____

SHAREHOLDER(S) NAME(S) _____

TRADE REFERENCES 1 _____

2 _____

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)

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 Director personally guarantees settlement of any outstanding account

NAME OF DIRECTOR (SIGNING) _____

SIGNATURE OF DIRECTOR _____

TO BE FILLED IN BY CORPORATE CABS:

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