



CORPORATE CABS
Professionally Driven

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** _____

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.

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

NAME (PLEASE PRINT) _____

SIGNED _____

TO BE FILLED IN BY CORPORATE CABS:

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