

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

NUMBER _____

EXPIRY DATE _____

AUTHORISED SIGNATURE _____

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

POTENTIAL CREDIT REQUIREMENT:-

PLEASE INDICATE (tick) THE LIKELY MONTHLY SPEND (this is an admin guide only, not a commitment)

\$50 - \$500

\$501 - \$1000

\$1001 - \$2500

\$2501 - \$5000

\$5001 - \$7500

\$7500 +

DIRECTOR(S) NAME(S) _____

SHAREHOLDER(S) NAME(S) _____

TRADE REFERENCES

(Please do not include Hotels and Utility companies)

1 COMPANY NAME: _____ PHONE: _____

2 COMPANY 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 & TITLE _____

POSITION _____

TO BE COMPLETED BY CORPORATE CABS:

NEW ACCOUNT NO _____ DATE ACCOUNT OPENED _____

Corporate Cabs

PROFESSIONALLY
DRIVEN

S

BANK INSTRUCTIONS
NAME: (Of Bank Account)

AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment or agreement)

BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE:											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number						Suffix			

AUTHORISATION CODE
0 3 2 1 7 0 1

(Please attach an encoded deposit slip to ensure your number is loaded correctly)
To: The Bank Manager,

BANK:
BRANCH:
TOWN/CITY:

I/We authorise you until further notice, to debit my/our account with all amounts which
CORPORATE CABS LIMITED
(hereinafter referred to as the Initiator)
the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT:

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE
<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUR SIGNATURE(S)

DATE: / /

Approved 2170 08/12	For Bank Use Only	BANK STAMP
	Original - Retain at Branch	
	Date Received: Recorded by: Checked by:	

CONDITIONS OF THIS AUTHORITY

- The Initiator:
 - Has agreed to send advance notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either: (i) in writing; or (ii) by electronic mail where the Customer has provided prior written consent to the initiator. The notice will include the following message: "The amount of \$..... was direct debited to your Bank account on (initiating date)".
 - May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- The Customer may:
 - At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
 - Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank
- The Customer acknowledges that:
 - This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
 - In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
 - Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lies between me/us and the initiator.
 - Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
 - the accuracy of information about Direct Debits on Bank statements.
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
 - The Bank is not responsible for, or under any liability in respect of the Initiators failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator
- The Bank may:
 - In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
 - At any time terminate this Authority as to future payments by notice in writing to me/us.
 - Charge its current fees for this service on force from time-to-time