

## BUSINESS ACCOUNT APPLICATION FORM

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Persons allowed to use account: (Please attach list if necessary)

1) Name: \_\_\_\_\_ Position: \_\_\_\_\_

2) Name: \_\_\_\_\_ Position: \_\_\_\_\_

3) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Restrictions/Instructions:

**Conditions:** Each one of the fifty cabs comprising Canadian Cab Ltd. is Owner/Operated with a very small profit margin. Therefore, it is very important that all accounts be paid within 30 days of billing date. We reserve the right to deny service when an account falls into arrears. Please retain a copy of this application for your records

I have read the above conditions and tender my signature as proof of my acceptance of the above conditions. I agree that I will not hold Canadian Cab Ltd. liable for withholding their services as a result of my account being in arrears.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Account approved by: \_\_\_\_\_ Date: \_\_\_\_\_

This document may be printed and sent by mail, or dropped off at our office. Using the submit button below is equal to a signature. Thank You for considering Canadian Cab Ltd.

*Serving Guelph since 1946*