

PREPAID ACCOUNT APPLICATION FORM

Name: _____ Address: _____
City: _____ Postal Code: _____
Phone: _____ Mobile Phone: _____
Employer: _____ How Long: _____
Address: _____ Phone: _____

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

- 1) Name: _____ Address: _____
2) Name: _____ Address: _____
3) Name: _____ Address: _____

Restrictions/Instructions:

Credit References:

- 1) Name: _____ Address: _____
2) Name: _____ Address: _____

Conditions: All accounts must be prepaid and maintain a positive credit balance. We reserve the right to deny service when an account falls into a negative balance. Please monitor your usage to ensure continued service. Please retain a copy of this application for your records.

I have read the above conditions and tender my deposit of \$200 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 not having sufficient funds to pay for the requested service.

Signed: _____ Date: _____

Account approved by: _____ Date: _____

Serving Guelph since 1946