



Corporate Account Application

573 Horton Street East
London, ON- N6B 1M8
Telephone: 519-657-1111
Fax: 519-657-2333
Email: accounts@yellowlondontaxi.ca

Account # _____ (For office use only)

Business Name: _____

Applicant's Legal Name: _____ Position: _____

Billing Address: _____

_____ Street _____ Unit
_____ City _____ Province _____ Postal Code

Telephone Number: _____ Fax Number: _____

Person(s) who can authorize trips on this account:

Are reference numbers required? Yes No

Accounting Information: (Person to contact regarding account billing and payment)

Name: _____

Chits/Vouchers Required:

Position: _____

Phone Number: _____

Yes

E-mail: _____

No

Invoice monthly by: E-mail Mail

Payment:

• Credit card _____ / _____
Credit Card Number Expiry Date CVC

• Cheque

Terms of agreement: The above information is for the purpose of obtaining a taxi account and is warranted to be true. I hereby agree to pay all accounts due within 15 business days invoice is issued. Late payment of %1.5 will be applied if account is past due. I hereby authorize Yellow London Taxi Inc. to obtain credit reports or other information as may be deemed necessary in order to activate and maintain my account.

Applicant Name: _____ Signature: _____ Date: _____

(For office use only)

Approved By: _____