



# Corporate Account Application

6 -1540 Fanshawe Park Road West  
London, ON- N6H 5L8  
Telephone: 519-657-1111  
Fax: 519-657-2333

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

Trade References:

Name	Address	Phone Number

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

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 10 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: \_\_\_\_\_