



Personal 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)

Legal Name: _____

Billing Address: _____
Street Apartment/Unit
City Province Postal Code

Home Phone Number: _____ Cellphone Number: _____

Names using the taxi service for this account	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Accounting Information: (Person to contact regarding account payment)

Name: _____

Chits/Vouchers Required:

Phone Number: _____

Yes

E-mail: _____

No

Invoice monthly by:

Mail

E-mail

Payment: _____ / _____
Credit Card Number Expiry Date

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 of invoice date. Interest of %1.5 may be charged if account is past due. I hereby authorize Yellow London Taxi Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of my account.

Applicant Name: _____ Signature: _____ Date: _____

(For office use only)

Approved By: _____