



## Associated Toronto Taxi-Cab Co-operative Limited (ATTCL) 130 Rivalda Road, Toronto, M9M 2M8 Tel: 416-504-4016 Fax: 416-504-0663



## **Corporate Account Application Form**

Fax completed form to Sara O'Dwyer, Customer Service & Business Development at 416-504-0663 or email corporatesales@co-opcabs.com. For further details, contact Sara at 416-504-4016 ext. 243 or Norman at ext. 238.

| Company Name   |                              | Contact                               | Title   |
|--|------------------------------|---------------------------------------|---|
|  |                              |                                       |   |
| Telephone No.  | Ext.                         | Fax                                   | Other   |
| No.  |                              |                                       |   |
| Email Address  |                              |                                       |   |
|  |                              |                                       |   |
| Street Address   |                              |                                       | Suite/Floor   |
| 0.0007.144.000   |                              |                                       | <b>G</b>  |
| City   |                              | Province                              | Postal Code   |
| City   |                              | Province                              | Fostal Code   |
| Preferred method of invoice payment?   | Cheque (du                   | ue upon receipt) Vis                  | a M/C EFT   |
|  |                              |                                       |   |
| Credit Card Number   | Expiry Date                  | CVV Code                              | Cardholder's Name                                     |
| I authorize A.T.T.C.L. to process payr   | ment of my monthly           | v invoices on the above               | credit card.  |
| ,  |                              | ,                                     |   |
| Signature of Credit Card Holder  |                              |                                       | Date  |
| -  |                              |                                       |   |
| Voucher Books mailed to same addre   | ess as above?                | Yes No (If no plea                    | se provide details below)                             |
|  |                              |                                       |   |
| Street Address   |                              |                                       | Suite-Floor   |
|  |                              |                                       |   |
| City   |                              | Province                              | Postal Code   |
| CREDIT AGREEMENT   |                              |                                       |   |
| In consideration of the extension of credit to us by As  |                              |                                       |   |
| Transportation, Emery Mobility) we agree to pay all amo<br>authority and all service charges, and other charges und        | er this credit agreement. We | accept full responsibility for the wh | ole amounts charged to us and agree that the amount   |
| of any bill bearing our signature or the signature of a pers<br>of 5.5% of the amount charged to our account for each in   |                              |                                       |   |
| within 15 days of the billing date, or otherwise it will be d<br>more will be subject to a 3% interest fee. A.T.T.C.L. may | eemed that the invoice is co | rrect. We further agree that all invo | ices are due upon receipt. Accounts owing 60 days or  |
| change or amendment shall relieve us from any obligation   | on under this credit agreeme | ent. A.T.T.C.L. may at any time teri  | ninate this credit agreement immediately upon written |
| notice. If our taxi coupons become lost or stolen, our lia such notice by A.T.T.C.L. will be our responsibility. The       |                              |                                       |   |
| terms set out in this credit agreement.  |                              |                                       |   |
|  |                              |                                       |   |
| Name of Applicant (please print)   |                              |                                       | Title   |
| · · · · · · · · · · · · · · · · · · ·  |                              |                                       |   |
|  |                              |                                       |   |
|  |                              |                                       |   |
| Signature of Applicant   |                              |                                       | Date  |





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| For Office Use Only:                    |                 |                        |
|---|-----------------|------------------------|
| Application Approved:                   | Approval Date:  | Date Account Activated |
| Application Rejected:                   | Rejection Date: |                        |
| Reason for Rejection:                   |                 |                        |
|   |                 |                        |
|   |                 |                        |
|   |                 |                        |
|   |                 |                        |
|   |                 |                        |
|   |                 |                        |
| Application Processed By (please print) |                 | Date                   |