

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 Sadia Gulshan, Customer Service & Business Development at 416-504-0663 or email corporatesales@co-opcabs.com. For further details, contact Sadia at 416-504-4016 ext. 231.

Company Name		Contact	Title
Telephone No. No.	Ext.	Fax	Other
Email Address			
Street Address			Suite/Floor
City		Province	Postal Code
Preferred method of invoice payment?	Cheque (du	e upon receipt)	VisaM/CEFT
Credit Card Number	Expiry Date	CVV Code	Cardholder's Name
I authorize A.T.T.C.L. to process paym	ent of my monthly	invoices on the abo	ove credit card.
Signature of Credit Card Holder			Date
Voucher Books mailed to same addres	s as above? Y	′es No (If no p	lease provide details below)
Street Address			Suite-Floor
City		Province	Postal Code
CREDIT AGREEMENT In consideration of the extension of credit to us by Assi Transportation, Emery Mobility) we agree to pay all amoun authority and all service charges, and other charges under of any bill bearing our signature or the signature of a persoi of 5.5% of the amount charged to our account for each invo within 15 days of the billing date, or otherwise it will be doe more will be subject to a 3% interest fee. A.T.T.C.L. may an change or amendment shall relieve us from any obligation notice. If our taxi coupons become lost or stolen, our liabil such notice by A.T.T.C.L. will be our responsibility. The ut terms set out in this credit agreement.	ts owing by us to A.T.T.C.L this credit agreement. We apparently authorized by ice. We agree that any disc med that the invoice is cor mend any term or condition under this credit agreemen ity is released upon written	in respect of taxi and/or trar accept full responsibility for th us shall be final and binding or repancies noted on the stater rect. We further agree that al of this credit agreement by g nt. A.T.T.C.L. may at any tim notification, in case of such	sportation fares incurred by ourselves or with our apparent e whole amounts charged to us and agree that the amount n us. We agree to pay A.T.T.C.L. a monthly service charge nent of account will be brought to the attention of A.T.T.C.L. invoices are due upon receipt. Accounts owing 60 days or ving us 30 days' written notice of the amendment. No such terminate this credit agreement immediately upon written an event. Any charges incurred up to the time of receipt of
Name of Applicant (plea	ase print)		Title
Applicant Sig	Inature		Date

CO-OP CHE CARONY TAXE	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				
For Office Use Only:				
Application Approved:	Approval Date:	Date Account Activated		
Application Rejected:	Rejection Date:			
Reason for Rejection:				

Application Processed By (please print)

Date