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## 

## Corporate ACCOUNT

## www.scarborocitycab.com

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | |
| **COMPANY NAME:** | Enter Legal Company Name | | | | | DATE: | | Click here to enter a date. | | | | |
| **ADDRESS:** | Enter Complete Mailing Address | | | | | | | | | | | |
| **AUTHORIZED PERSON:** | Enter First Name and Last Name | | | | **POSITION:** | | | | Click here to enter text. | | | |
| **TELEPHONE :** | XXX-XXX-XXXX Extension | | | **EMAIL:** | | | Click here to enter text. | | | | | |
|  | | | | | | | | | | | | |
| Instructions | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| This is to confirm that the Applicant authorizes Scarborough City Cab to open a monthly taxi service charge account under the viewed and agreed conditions.  Trip Voucher/Receipt  Required Monthly Invoice Only  Voucher/Receipt Type  Company Voucher Customized Voucher  Voucher Must be Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  It is acknowledged that there is a thirty (30) day credit period allowed for the monthly billing. Payment made after this period shall be subject to a 2 % monthly interest charge. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Billing Details | | | | | | | | | | | | |
| Same as Applicant Information: | | Yes No. Complete details below. | | | | | | | | | | |
| Contact Name: |  | | | | | | | | | | | |
| Billing Address: |  | | |  | | | | | |  | | |
| Contact Telephone: |  | | | Telephone 2: | | | | | |  | | |
| Email: |  | | | | | | | | | | | |
| Credit Card & Exp. Date: |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Bank Information | | | | | | | | | | | | |
| Institution Name: |  | | Transit #: | | | |  | | | |
| Account # |  | | Contact Person | | | |  | | | |
|  | | | | | | | | | | | |
| Credit References | | | | | | | | | | | | |
| Company1: |  | | | | | | | | | | | |
| Contact Name: |  | | | Telephone: | | | | | |  | | |
|  | | | | | | | | | | | |
| Company2: |  | | | | | | | | | | | |
| Contact Name: |  | | | Telephone: | | | | | |  | | |

Corporate Charge Account - Terms and Conditions

1. Charge accounts will be supplied with pre-printed charge vouchers.  Completed voucher must be given to the driver for each trip and the customer is responsible for completing the information on the slip.   One copy of the voucher will be returned with your monthly statement.

2. The customer is solely responsible for the pre-printed voucher in their care and all other account privileges.  Scarborough City Cab will not be responsible for the unauthorized use of taxi vouchers or account privileges, including receipt card authorization by the customer's employees, clients, friends, etc..  The charge slips are like cash and should be treated as such.

3. Accounts are billed approximately by the 6th business day of the following month and are due and payable upon receipt.

5. There is no administration fee charged where there is no use of taxi service within a monthly billing period.

6. An account unpaid within 30 days by the end of the month will be subject to a late penalty of 2% per month.

7. The account can only be closed when the client returns all unused taxi chits.

8. This application is a contract; submitting this agreement, acknowledges that the "terms & conditions" will be complied with.

Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_