



849 WESTPORT CRESCENT MISSISSAUGA, ONTARIO, L5T 1E7 PHONE - 905 908 5000 FAX - 905 908 5027

Corporate Account Form

Please read and complete the following Credit Application and fax to 905-908-5027

Company Information	
Company name:	
Your name:	
Title:	
Phone :	
Fax:	
E-mail:	
Address:	
City:	
Province /State:	
Postal Code/ Zip Code:	
Website:	
Years of Operation:	
Name of Bank:	
Bank Address:	
City:	
Province/State:	
Postal Code/Zip Code:	
Contact Person:	
Phone:	

Billing Information	
Bill to the Attention of:	
Accounts Payable Contact:	
Phone:	
Fax:	
E-mail:	

References	
Company Name:	
Contact:	
Phone:	
Company Name:	
Contact:	
Phone:	

I hereby authorize **Aeroport Taxi and Limousine Service** to conduct inquiries into the credit worthiness of the application, including but not limited to, the bank reference and any other credit bureau records.

Authorized Signature: _____

Agreement

The above firm assumes all financial obligations and guarantees payment with regard to incurred charges on all vouchers for jobs ordered by authorized personnel.

Cancellation can be made 1 hour prior to the booking time. No-shows will be charged full price. In case of a conflict between the advertised price and/or the quoted price and/or the voucher price, the voucher price will prevail and the above firm is obligated to pay the full fare as stated on the voucher. It is the passengers' responsibility to collect a copy of the voucher directly from the driver by the end of the ride.

Payment in full is due upon invoice receipt. If no payment is received upon receipt, the amount due will automatically be charged on the back-up credit card. I hereby authorize **Aeroport Taxi and Limousine Service** to use the following credit card to back up this voucher account in case payment was not received by the due date.

Credit Card Information	
Credit Card Number:	
Expiry Date:	
Name of Cardholder:	

Aeroport Taxi and Limousine Service reserves the right to refuse service to accounts who are in arrears. The above company agrees to reimburse Aeroport Taxi and Limousine Service for all legal fees and other expenses in regards to collecting outstanding invoices of this account.

Authorized Signature: _____

Title: _____ **Date** _____