

Barrie Taxi Cab Services

New Account Application

Corporate

Personal

Government

Company Name:

Business Name:

Address:

Postal Address:

Invoice Address if Different:

Main Contact

Position:

Phone:

Fax:

Email:

Additional Phone Number(24 Service of Emergency):

Additional Authorized Contact Names:

Preferred Contact Method

Email

Phone

Fax

How the cab ride reservation would be made: Please circle one or multiple.

Directly by the passenger anytime

In advance by the company

Anytime by the company

Third Party (if yes please comment)

Pick up and Drop off Address(Check One)

Same all the time

Different Every time

Special Instructions:

Number of employees that might be allowed to use the account if possible please provide the name:

Names:

Names:

Approximately how often the taxi service will be used per month and for what purpose:

How many times please indicate the number:

Passenger Transportation only

Deliveries Only

Both

Credit Reference:

Company Name:

Phone NO:

Company Name:

Phone NO:

Credit Card:

visa

Master Card

AMEX

Other:

Credit Card No:

Expiry Date:

Name as Shown on Credit Card:

By signing below the bearer of the above card allows ClearView Taxi to charge the above credit card for all the outstanding invoices and acknowledge that he or she is authorized to use the credit card.

Account holder will inform ClearView Taxi of any changes made to the credit card as soon as possible.

Signature: _____

Date: _____

PLEASE FAX OR EMAIL PHOTO COPY OF BOTH SIDES OF CREDIT CARD ALONG WITH THE PHOTO COPY OF DRIVER'S LICENSE OR ANY OTHER VALID GOVERNMENT ID OF THE CREDIT CARD HOLDER.

Account Number: _____

Approved By: _____

Date Opened: _____