Peninsula
YELLOW CAB

CUSTOMER ACCOUNT AUTHORIZATION

Firm Name _____ Type of Business _____

Address _____ Phone ( ) _____

City _____ State _____ Zip _____

Billing Address (if different) _____

Contact Person _____ Phone ( ) _____

Email _____

Is this business incorporated? Yes __ No __ Tax ID# _____

Years in Business _____

Credit References

1. Name _____ Phone ( ) _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone ( ) _____

Address _____ City _____ State _____ Zip _____

Banking Information

Bank and Branch _____ Acct.# _____

Contact Person _____ Phone ( ) _____

Service monthly charge on the invoiced amount applies (cab cards 3%, vouchers 5%)

In consideration for the extension of credit, I agree to pay a late charge of 1.5% per month, a true annual percentage of 18% per annum on any amount past due 30 days after billing date, and to pay reasonable attorneys' fees and court costs which may be incurred by the seller to enforce collection. I authorize my bank to release the account information requested and to allow Yellow Cab Cooperative to perform any credit check, bank information or TRW report to approve this application.

Print Name _____ Authorized Signature _____

Title _____ Date _____

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