

CONFIDENTIAL CREDIT APPLICATION

City Taxi, 40 Dalhousie St. Brantford, ON N3T 2H8  
Phone (519) 759-2313 Fax (519) 759-7873

Legal Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: Street \_\_\_\_\_ Unit \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Trade Name (if other than above) \_\_\_\_\_

Company is a: Proprietorship  Partnership  Limited  Subsidiary

If subsidiary, parent company is: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ Unit \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

OFFICERS Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

CREDIT CARD REFERENCE (optional for instant approval) Credit Card Type \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Expiry \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Credit Card Number: \_\_\_\_\_

TRADE REFERENCES (note: most banks require client to obtain reference in person)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

.....  
The undersigned agrees to pay a service charge on overdue accounts.

Terms: 30 DAYS NET Interest: 2 % per month on overdue balances. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_