

CONFIDENTIAL CREDIT APPLICATION

City Taxi
40 Dalhousie St.
(Phone) 759-2313
(Fax) 759-7873

NAME: _____

ADDRESS: Street _____ Apt. _____

City _____ Prov. _____ Postal Code _____

PHONE: _____ ALTERNATE: _____

FAX: _____

NAME OF EMPLOYER: _____

Address: _____

Phone: _____ Supervisor: _____

CREDIT REFERENCES:

1) Credit Card Name _____ Date of Expiry _____ / _____
Month Year

Credit Card Number _____

2) Other credit references must be supplied in writing. (Bank etc)

CREDIT LIMIT REQUESTED \$ _____

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The undersigned agrees to pay a service charge on overdue accounts

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

Date: _____ Signature: _____