



Personal Account Application

573 Horton Street East
London, ON- N6H 5L8
Telephone: 519-657-1111
Fax: 519-657-2333
Email: accounts@yellowlondontaxi.ca

Account # _____ (For office use only)

Legal Name: _____

Billing Address: _____
Street Apartment/Unit

City Province Postal Code

Home Phone Number: _____ Cellphone Number: _____

| Names using the taxi service for this account | Relationship |
|---|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Accounting Information: (Person to contact regarding account payment)

Name: _____

Chits/Vouchers Required:

Phone Number: _____

Yes

E-mail: _____

No

Invoice monthly by:

- Mail
- E-mail

Payment: _____ / _____
Credit Card Number Expiry Date CCV

Agreement: The above information is for the purpose of obtaining a taxi account and is warranted to be true. I hereby agree to pay all accounts due within 15 business days of invoice date. Interest of 1.5% may be charged if account is past due. I hereby authorize Yellow London Taxi Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of my account.

Applicant Name: _____ Signature: _____ Date: _____

(For office use only)

Approved By: _____