



# Casino Taxi Limited Corporate Account Application

Please fax the completed application to (902) 453-6843, or email [admin@casinotaxi.ca](mailto:admin@casinotaxi.ca)

Questions? Please call Paula George at (902) 491-1913

**Name Of Company:** \_\_\_\_\_

**Address (civic):** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Email Address (for invoicing):** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Billing Contact Name:** \_\_\_\_\_

**Phone Number:** ( ) \_\_\_\_\_ **Fax Number:** ( ) \_\_\_\_\_

**Credit Card No (for deposit only):** \_\_\_\_\_

Expiry Date (mm/yy) \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

**Deposit Amount:** **\$50.00** \_\_\_\_\_

Preferred Method of Payment (Circle one): **Cheque** **EFT (Customer Initiated)** **Credit Card**

**Estimated Monthly Usage:** (\$ Value) \_\_\_\_\_

**Chit books requested (51 per book):** \_\_\_\_\_

**Chit Delivery Contact Name:** \_\_\_\_\_

**Chit Delivery Phone:** \_\_\_\_\_

**Phone Number/Email Address:** ( ) \_\_\_\_\_

## TERMS AND CONDITIONS:

- I understand that as the Customer, I will be supplied with pre-printed taxi vouchers. An individual voucher must be given to the driver for each trip. **The Customer is responsible for completing ALL information on the voucher, including the meter, tip & total amounts.**
- I understand and agree that the customer is solely responsible for the pre-printed voucher in their care. Casino Taxi will not be responsible for unauthorized use of taxi vouchers by the organizations employees, clients, friends, etc.
- I understand that all chits used will be billed to my account. Casino Taxi will purchase the taxi chit from the driver at face value and invoice accordingly.
- A **3% administrative fee** will be charged on top of the face value of each taxi chit. This fee is charged to offset some of the administrative & financing costs associated with taxi chits.
- In order to activate your account **the deposit amount indicated above will be processed on the credit card provided** on this form before the chits are delivered. This deposit will then be applied to your first monthly invoice.

**Date:** \_\_\_\_\_ **Signature\*:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

*\* Please ensure this application is signed by an individual authorized to enter into credit agreements on behalf of your organization.*

### For Office Use Only

**Account Number:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date Opened:** \_\_\_\_\_