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(416)	686-5724

(416) 658-7725

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## **Corporate Account Credit Application Form**

Please complete all fields on the below application and Email to Info@airportpickups.ca

<b>Company Information</b>		
Company name:		
Street Name:		
City, Province:	Post	al Code:
Corporate Website URL:		·
Years In Operation:		
Account Manager Inform	nation	
Your Name:		
Title:		
Telephone:	Fax:	
Email:	*	
Billing Address / Invoicing	ng Information	
Street Name:		
City, Province:		
Postal Code:		
Accounts Payable Contact:		
Email:		
Telephone:	Fax:	
Financial References		
Company name:		
Contact Person		
Phone:		
Email:		
Company name:		
<b>Contact Person</b>		
Phone:		
Email:		



collecting outstanding invoices of this account.

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9	Credit Card Information – (Mandatory for All Accounts)		
	Credit Card Number:		
	Expiry Date:		
	CVV Code:		
	Card Holder's Full Name:		
	Card Holder's Full Address:		
	Card Holder's Postal Code:		
use the above cred above-mentioned card for the full and The above firm a limousine trips ord charges and extras	dit card to back up this voucher acc cardholder authorize Airportpickups nount of all services rendered under ssumes all financial obligations a lered by authorized personnel. The s. In case of a conflict between the	and guarantees payment of all incurred of above firm and authorized signatory agree advertised price and/or the quoted price a	the due date I the e-mentioned credit charges for taxi & to pay all flat rate and/or the voucher
	visit airportpickups.ca	irm is obligated to pay the full fare as state	d on the voucher.
application, includ	ing but not limited to, the bank reces reserves the right to refuse	erices to conduct inquiries into the credit eference and any other credit bureau reco service to accounts who are in arrears. The Serices for all legal fees and other expe	ords. Airportpickups ne above company

Authorized Signature: Full Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_