

**Alberta Co-op Taxi Line Ltd.**  
**Corporate Account Application**

Please fax the completed application to (780) 425-2163, or mail to:

Alberta Co-op Taxi Line Ltd.  
10538 114 Street  
Edmonton, Alberta  
T5H 3J7

Questions? Please call Mamselle Cruz at (780) 917-5203

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

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

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

**How Long At This Address:** \_\_\_\_\_

**Previous Address** \_\_\_\_\_

(If less than 2 yr. at present address):

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

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

**Credit References:** 1. \_\_\_\_\_

Give Name Address and  
Phone Number Please

2. \_\_\_\_\_

3. \_\_\_\_\_

**Deposit Amount:** \_\_\_\_\_

Method of Payment/or Credit Card Number:

**Monthly Credit Required:** \$ \_\_\_\_\_

**Name of Payee if different  
from above:** \_\_\_\_\_

Please Specify Address

**Contact Person:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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

**PLEASE NOTE THE FOLLOWING:**

All accounts are due and payable when rendered. Account balances outstanding at the end of thirty (30) days are subject to a 16% per year service charge. This is calculated on the unpaid balance. Failure to pay accounts promptly may result in a withdrawal of charging privileges.

**There are no exceptions to the payment of interest.**

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

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

**For Office Use Only**

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

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

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