

Alberta Co-op Taxi Line Ltd.
Corporate Account Application

Please fax the completed application to (780) 426-4762, or mail to:

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

Questions? Please Call (780) 425-0954 ext. 223

Name Of Company: _____

Address: _____

Postal Code: _____

How Long At This Address: _____

Previous Address _____

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

E-Mail Address: _____

Business Phone Number: () _____ **Fax Number:** () _____

Either: Credit References: 1. _____

Give Name Address and
Phone Number Please 2. _____

3. _____

Or: Deposit Amount: _____

Method of Payment: _____

**Approximate Amount Of
Monthly Credit Required:** \$ _____

Name on Payment Cheque: _____

Please Specify Address _____

Contact Person: _____

Contact Person's Position: _____

Contact's Phone Number: () _____

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: _____