North Shore Taxi (1966) Ltd.

**CREDIT
APPLICATION**

Personal Account:

Last Name_____**First**_____**Initial**_____**SIN**_____

Address_____

City_____**Prov.**_____**Postal Code**_____

Phone Number Res._____**Bus:**_____

Date of Birth_____**Occupation**_____

Employer_____**Salary**_____

Spouse Name_____**Dependents**_____

Name of Nearest Relative OR Friend Not Living with You

_____

Address of Relative or Friend _____

Phone Number:

_____

Administration fee of _$15.00 will be charged on your first invoice_: **- includes one free card.**

Additional cards may be purchased at $5.00/card and charged to your account.

For Security purposes we require
Credit Card #_____**Exp**

TERMS AND CONDITIONS OF CARDHOLDER AGREEMENT:

North Shore Taxi (1966) LTD. will provide service to the primary cardholder subject to the terms and conditions as follows:

The applicant agrees to pay North Shore Taxi (1966) Ltd. for all taxi fares of the primary cardholder. Should credit be granted, the undersigned hereby guarantees and indemnifies payment of all present and future debts, owing from time to time to North Shore Taxi (1966) LTD. and the company may proceed to take any action necessary in the collection of monies due. The applicant consents to a personal investigation and exchange of the applicant's credit records or other information from a registered reporting agency, as may be deemed necessary in connectionwith the establishment of a credit account or any other direct business requirement.

Please return (original) completed application to:

North Shore Taxi (1966) LTD.
264 Pemberton Avenue
North Vancouver, BC
V7P 2R5

Please feel free to contact me should you require any additional information.
Argi Dankhara:
> **PH: 604 980 7011 EXT *4***
> **FAX: 604 987 6735**

e-mail:ar@northshoretaxi.com

I REQUEST_____Card/Cards:

YOUR E-MAIL ADDRESS IS: _____

Primary Cardholder_____ free card
Second Cardholder_____ ($5.00 Fee)
Third Cardholder_____ ($5.00 Fee)

Method of payment:

Invoice will be mailed every month to the provided address.
Automatic Credit Card payment: _____

Credit Card Payment through phone: _____

If Yes, Credit Card Number:

_____ *Exp:* _____

Cheque: _____

I agree to the terms and conditions as noted on this application.

Signature_____**Date** _____