



849 WESTPORT CRESCENT MISSISSAUGA, ON L5T 1E7

P: 905-908-5000 F: 905-908-5027

## Corporate Account Credit Application Form

Please complete all fields on the below application & either fax to (905)908-5027 or email to [info@aeropoortaxi.com](mailto:info@aeropoortaxi.com)

Company Information (Head Office)			
Company name:			
Street Name:			
City, Province:		Postal Code:	
Corporate Website URL:			
Years In Operation:			
Account Manager Information			
Your Name:			
Title:			
Telephone:		Fax:	
Email:			
Billing Address / Invoicing Information			
Street Name:			
City, Province:		Postal Code:	
Accounts Payable Contact:			
Email:			
Telephone:		Fax:	

Financial References	
Company name:	
Contact Person	
Phone:	
Email:	
Company name:	
Contact Person	
Phone:	
Email:	



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<b>Credit Card Information (Mandatory for All Accounts)</b>	
<b>Credit Card Number:</b>	
<b>Expiry Date:</b>	
<b>CVV Code:</b>	
<b>Card Holder's Full Name:</b>	
<b>Card Holder's Street Address, City &amp; Province:</b>	
<b>Card Holder's Postal Code:</b>	

If my preference is to be invoiced monthly payment in full is due upon invoice receipt. If no payment is received upon receipt, the amount due will automatically be charged to the back-up credit card provided above. I the undersigned hereby authorize Aeroport Taxi & Limousine Service to use the above credit card as a back-up to secure payment for the invoiced account in case payment was not received by the due date. I the above-mentioned cardholder authorize Aeroport Taxi & Limousine Services to charge my above-mentioned credit card for the full amount of all services rendered under this account.

The above firm assumes all financial obligations and guarantees payment of all incurred charges for taxi & limousine trips ordered by authorized personnel. The above firm and authorized signatory agree to pay all flat rate charges and extras. In case of a conflict between the advertised price and/or the quoted price and/or the voucher price, the voucher price will prevail and the above firm is obligated to pay the full fare as stated on the voucher. For details about Aeroport's Flat Rates & Additional charges please visit [www.aeroporttaxi.com/our-rates/](http://www.aeroporttaxi.com/our-rates/)

I hereby authorize **Aeroport Taxi & Limousine Service** to conduct inquiries into the credit worthiness of the application, including but not limited to, the bank reference and any other credit bureau records. Aeroport Taxi and Limousine Service reserves the right to refuse service to accounts who are in arrears. The above company agrees to reimburse Aeroport Taxi and Limousine Service for all legal fees and other expenses regarding collecting outstanding invoices of this account.

**Billing Preference:**

- Invoice Monthly (Due Upon Receipt with Credit Card as Back-Up)
- Bill on Credit Card Provided Monthly

Authorized Signature: \_\_\_\_\_

Full Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_