

YELLOW CAB • YELLOW CHECKER SHUTTLE • BUSINESSEXEC SEDAN & LIMOUSINE SERVICE

BUSINESS CREDIT APPLICATION

A	Business legal name	DBA
	Billing address	Phone number ()
	City State Zip	Fax number ()
	Pickup street address City Zip	Federal ID number
	Accounts payable contact name	Accts pay contact phone number ()
	Accounts payable e-mail address	Accts pay contact fax number ()

GENERAL BUSINESS INFORMATION

B	Nature of business	<input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Not for Profit <input type="checkbox"/> Corporation o Type: C or S _____ o Date of Inc. _____ o State of Inc. _____ <input type="checkbox"/> Limited Liability <input type="checkbox"/> State or Local Government
	Years in business	
	Are purchase orders required <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Either	
	List persons authorized to charge on this account	
	Anticipated weekly volume and purpose of account	
	If paying by major credit card: Account number	

BANK REFERENCES

C	Bank name	Account/Loan officer	Phone number ()
	Address (City, State)		Checking/Loan account number
	Bank name	Account/Loan officer	Phone number ()
	Address (City, State)		Checking/Loan account number

TRADE REFERENCES

D	1. Company	Street address
	City State Zip	Phone number ()
	2. Company	Street address
	City State Zip	Phone number ()
	3. Company	Street address
	City State Zip	Phone number ()

Applicant certifies that the above information is true and correct. Applicant also represents and agrees (1) that invoices are net and due 10 days from invoice date, (2) that any invoiced amounts not paid within 30 days after the date due shall bear interest at the maximum non-usurious rate permitted by law (currently 18% per annum) from the date due until paid, (3) to pay any and all costs of collection (including without limitation reasonable attorney's fees) incurred by Yellow in collecting any overdue account, (4) that you are authorizing Yellow to contact the above references as well as any credit reporting services or other sources in determining whether to extend credit to applicant, and to report information regarding applicant's account. If Client is paying by a major credit card, Client authorizes charges and the signature below constitutes acceptance of those charges.

E	Authorized signature	Date
	Print name	Title

Completion of Section A, B & E is REQUIRED . If desired, you may send you own company pre-printed form (if available) to complete Section C and D .	Return COMPLETED application to: Yellow Cab/Yellow Checker/BusinessExec Sedan Attn: Accounts Receivable PO Box 1510 Fort Worth, TX 76101-1510 Phone: 817-534-7777 Fax: 817-535-7450	Credit approved By: _____ Date: _____ Customer number: _____ In DDS _____ CYMA _____
--	--	---