



CORPORATE CHARGE ACCOUNT CREDIT APPLICATION
Please return completed application to Bluff City Taxi via fax (901)566-9000

APPLICANT INFORMATION

Company Name:

Phone:

Fax:

Current address:

Web address:

City:

State:

ZIP Code:

FEIN or SSN:

Type of Business:

Mailing Address if Different from above:

City:

State:

ZIP Code:

Legal Structure (please select one):

Corporation Sole proprietorship Partnership Government Agency Non -profit Other If other, please explain:

Corporate Officers or Partners:

Corporate Officers or Partners:

BILLING CONTACT INFORMATION

Billing Contact:

Email:

Phone:

Cell Phone:

Fax:

CREDIT CARD INFORMATION

Credit Card Type: AMEX VISA Master Card Discover

Card Holder's Name:

Billing address:

City:

State:

ZIP Code:

Card Number:

Expiration Date:

Card Holder's Signature:

Security Code :(Three digit number on back of card or four digit number on American Express)



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REFERENCES
 PLEASE LIST AT LEAST 3

Name	Account no.	Contact Name	Phone Number

BANKING INFORMATION

Account no.:	Bank:
Phone:	Contact Name:

ACCOUNT SECURITY
 AUTHORIZED CALLERS

Please provide a list of Authorized Callers to secure your account. Additional security measures may be available. Please contact our business office to discuss additional measures.

Name:	Email:	
Department:	Phone:	Cell:
Name:	Email:	
Department:	Phone:	Cell:
Name:	Email:	
Department:	Phone:	Cell:
Name:	Email:	
Department:	Phone:	Cell:
Name:	Email:	
Department:	Phone:	Cell:

REQUEST ACCESS FOR INTERNET BOOKING

ACCOUNT HOLDERS MAY REQUEST ACCESS TO BOOK TRIPS AND VIEW TRIP HISTORY AND FUTURE REQUEST ON OUR RESERVATION SITE (www.bluffcitytaxi.com) ACCOUNT HOLDERS WILL BE ABLE TO VIEW THE STATUS OF TRIPS AND MAKE CHANGES TO ORDERS.

REQUESTED LOGIN NAME:

REQUESTED PASSWORD:

CORPORATE CHARGE ACCOUNT CREDIT APPLICATION/TERMS

Bluff City Taxi agrees to provide taxicab transportation by computerized dispatch, or previously arranged time calls, or designated trips at normal taxicab rates, unless otherwise specified below.

Your account will be billed semi-monthly with closing dates being the 15th and the last day of each month. Invoices are due upon receipt. Any account exceeding 30 days due (two billing periods) is considered past due.

A late fee of 1 1/2 % will be added to any invoice showing a past due balance. In the event of nonpayment by the Customer within 30 days from the date of any invoice, and if said default is not cured within 15 days of the date of any written notice of same by BLUFF CITY TAXI to the Customer, at its sole option, may terminate this Agreement without further notice. Additionally, if any invoice is not paid within 30 days of its date, Bluff City Taxi may suspend service, until payment is received.

In the event of a default, Bluff City Taxi shall be entitled to be reimbursed for its attorney's fees incurred in the sum of 33 1/3 percent of the principal and interest claimed, or \$250.00 attorney's fees, whichever is greater, plus 18% interest per annum on the unpaid principal and all other reasonable collection expenses and court costs.

In circumstances where we provide the original (or image of the original) receipt or any special handling of your account, an administrative fee (5% of the invoice total) will be added to all current charges.

All accounts must be secured by a major credit card (Visa Master Card, Discover or American Express). The card will not be charged unless the account is past due more than 30 days. Bluff City Taxi will attempt to contact cardholder before issuing charges to the credit card. This *may* be waived for accounts with local government agencies.

The company named above accepts responsibility for charges arising from the use of this account. In the event of unauthorized use of this account, the company named above must notify the Customer Service Department at 901-566-9000 to prevent further charges.

Any questions concerning your billing should be addressed to the Customer Service Department.

Counter-part signatures may sign this Corporate Charge Account Credit Application and a facsimile copy of this Application shall constitute an original of such Application.

By my signature below, I acknowledge that I have read and agreed to the terms, conditions and disclosures, which are part of this application, and that the above named company authorizes me to make this application on their behalf. I verify the accuracy of all information and hereby give my consent for the exchange of Information with the above listed references for the purpose of establishing credit.

Printed Name of Applicant:	Title:
Signature of Applicant:	Date: