

St. Charles Yellow Cab

(636) 724-1234 (Fax) 946-2822

Personal / Commercial Charge Application

Name or Business Name

Address for Billing

City, State, Zip

Phone1, Phone2, Fax Billing Contact

List Specific People whom may sign for charges, Or choose Any Employee : Any Emp _____

NAME	RELATIONSHIP / TITLE
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____

List Any Specific Locations or non Metered prices agreed upon. Use back for additional notes.
(If account is set up for a relative elsewhere to use, list their address here.)

1.) _____
2.) _____
3.) _____
4.) _____
5.) _____

Should Charges be limited to the above (additional on back) listed runs ? Yes ___ No ___
Should Charges be limited to runs that start or end at one of the above listed addresses? Yes ___ No ___

Name of Bank _____ Address _____
Phone Number _____ Do You have: Checking ___ Savings ___
Credit Card: Type _____ Number _____ Exp _____
Updated Type _____ Number _____ Exp _____
Type _____ Number _____ Exp _____

Do you wish to be: Billed monthly _____ Or
Automatically Run CC Daily ___ Weekly ___ Monthly ___

In consideration of requesting St Charles Yellow Cab to extend me/us credit for Taxi Rides, I have accurately filled out the above requested information. I understand Credit may not be issued, or may be cancelled at anytime. I attest I have the authority to obligate our company and or I agree to be personally responsible for all charges on this account until after it is closed and balances satisfied.

Name Printed _____ Signed _____ Date _____
Photo ID: Type _____ # _____ State _____ Exp Date _____
Social Security Number (Required only For Personal charges with no Credit Card) _____