



YELLOW CAB COMPANY OF DC INC.

CORPORATE ACCOUNT APPLICATION

COMPANY PROFILE

Company Name:		Type of Business:	
Address:		Billing Address:	
Address2:		Billing Address2:	
City:		City:	
State/Zip:		State/Zip:	

CONTACT INFORMATION

REFERENCE INFORMATION

Contact Name:		Name of Bank:	
Telephone No:		Account No.:	
Fax Number:		Branch/Address	
E-Mail Address:		Telephone No.:	

LIST OF OWNERS/PARTNERS/CORPORATE OFFICERS

Name:		Name:	
Address:		Address:	
Address2:		Address2:	
SSN:		SSN:	
Telephone No:		Telephone No:	

QUESTIONNAIRE

How long at present location?	
How many years in business?	
Number of employees that will use the cab services?	
How many vouchers do you estimate you will need per month?	
Will you need sedan service or package delivery service?	
Do you need a copy of the vouchers returned with the monthly statement?	

TRADE REFERENCES (Please provide at least three references)

Name:		Name:	
Address:		Address:	
Address2:		Address2:	
Telephone No.:		Telephone No.:	

Name:		Name:	
Address:		Address:	
Address2:		Address2:	
Telephone No.:		Telephone No.:	



YELLOW CAB COMPANY OF DC INC.

TERMS & CONDITIONS

Applicant is (Corporation/Partnership/Individual Proprietor) and undersigned is an Officer/Partner/Authorized Person thereof authorized to make the application and to certify that the above statements are true.

In the event applicant becomes delinquent in the account, applicant agrees that Yellow Cab Company of the District of Columbia, Inc. (YCDC) shall have the right to bring suit against applicant and if this occurs applicant agrees to pay the cost of collection including reasonable attorney fees in suit by YCDC.

Applicant further agrees to give YCDC permission to make inquiry on financial matters at applicant's bank, bonding company or lending firm, and authorizes such firms to give it to YCDC. It is agreed that invoices will be paid by due date or a 1.50% per month late charge is acceptable.

Account will be billed at the end of each month. A service fee of 15% will be added to the total monthly charge. Payment is due within thirty days of the billing date. Copies of vouchers and a detailed trip listing will be included with the monthly statement.

Please contact our Customer Service Department immediately at 202-546 7900 to report any unauthorized use of this account.

By signing below, I acknowledge that I agree to the terms, conditions and disclosures, which are part of this application.

AUTHORIZED APPROVAL

Applicant' s Signature:		Date:	
Applicant' s Printed Name:		Title:	

Please fax the completed application to 202-546 0999 or send as a PDF file to contact@dcyellowcab.com