



Executive Sedan Service.ca

Phone 519-663-2200

Fax 519-663-9063

accounts@executivesedanservice.ca

Credit Application (Corporate)

Company Name: _____

Address: _____

Phone: _____ E-mail: _____

Contact Name: _____

Position: _____

Phone: (if different than above) _____

Authorized Signature: _____ Date: _____

Division Account(s)

Executive Sedan Service

Taxicabs

Jamieson Courier

AirbusExpress

Charters

Method of Payment (Please choose one)

Cheque Payment due upon receipt of monthly statement

Credit Card

Credit Card Type: (Visa Mastercard American Express)

Number: _____

Expiry Date: _____ Security Code: _____

Name as printed on Card: _____

Bank (Bank, Address, Phone, Contact) _____

3 References (Name, Phone) _____

I/We hereby affirm that the above-mentioned information is true. I/We authorize payment of all billings by credit card from the above-mentioned credit card information or will forward a cheque upon receipt of monthly statement and take full responsibility for anyone using this account. I/We will inform Aboutown Transportation by fax or e-mail when this account is closed, otherwise I/We will be responsible for any and all costs incurred.

Signature: _____ Date: _____