



BlueBird Cabs Ltd.

2nd Fl 2612 Quadra St
Victoria, B.C., V8T 4E4

Dispatch: 382-2222

Accounts: 382-3611

Fax # 382-8931

Commercial Credit Card Application

For Office Use:

Account # _____

Date Opened: _____

Authorized by: _____

Business Name _____

Business Type _____

Years in Business _____

Mailing / Billing Address _____

Postal Code _____

Contact Name _____

Phone number(s) _____

Thank you for opening an account with BlueBird Cabs Ltd. If you have any comments that might allow us to serve you better, please feel free to indicate these on the back of this form.

Date: _____

Authorized Signatory: _____

Print Name: _____

We will require charge cards Yes No

Names of the individuals requiring cards listed here (please print):

Credit References (2)

Name _____ Phone _____

Name _____ Phone _____

This information is for the purpose of obtaining credit and warranted to be true. I understand that the balance owing on the monthly statement is due and payable upon receipt and interest will be charged at a rate of 2% monthly (24% per annum) on outstanding amounts over 30 days past current. I agree to pay all charges accrued on this account. I authorize BlueBird Cabs Ltd. to obtain any information necessary in researching this application for credit.