



BlueBird Cabs Ltd.  
2nd Floor, 2612 Quadra Street  
Victoria, B.C., V8T 4E4  
Dispatch: 382-2222  
Accounts: 382-3611  
Email: bluebirdcabs@shaw.ca

# Credit Card Application

The information below 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.

For Office Use:

Account # \_\_\_\_\_

Date Opened: \_\_\_\_\_

Authorized by: \_\_\_\_\_

- Mr.
- Mrs.
- Ms

Last Name

First Name

Spouse's Name

Have you had an account with us before?  
Yes , when? \_\_\_\_\_ No

Present Address

Postal Code

- Own
- Rent

Phone Numbers:

Mailing / Billing Address (if different than present address)

Postal Code

Residence

Business

Date of Birth (Applicant)

Day \_\_\_\_\_ Month \_\_\_\_\_ Yr \_\_\_\_\_

Date of Birth (Spouse)

Day \_\_\_\_\_ Month \_\_\_\_\_ Yr \_\_\_\_\_

Do you require extra cards? Yes \_\_\_\_\_ No \_\_\_\_\_

Contact in case of emergency:  
Name

Phone Number

Names

Employment Information (Applicant)

Employer Address

Phone

Employment Information (Spouse)

Employer Address

Phone

Banking Information:

Bank/Branch Address

Phone

Monthly Income Information:

Applicant \_\_\_\_\_ Spouse \_\_\_\_\_

Credit Card Information:

VISA/MC # \_\_\_\_\_

Other # \_\_\_\_\_

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: \_\_\_\_\_ Signature: \_\_\_\_\_