



### BlueBird Cabs Ltd.

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

Dispatch: 382-2222

Accounts: 382-3611

Fax 382-8931

## Seniors Account 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

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

Phone Numbers

Residence

Business

Mailing / Billing Address (if different than present address)

Date of Birth (applicant)

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Monthly Income Information:

Pension \_\_\_\_\_

Other \_\_\_\_\_

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

Date of Birth (spouse)

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Names

Nearest Relative and Phone Number (in case of an emergency)

Bank/Branch

Address

Phone

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: \_\_\_\_\_