

Duffy's Taxi (1996) Ltd.

1034 Notre Dame Ave. Winnipeg, Manitoba. R3E 0N5

Phone: 204-925-0101

APPLICATION FOR CREDIT

NAME _____

BILLING ADDRESS with Postal Code _____

CONTACT PERSON _____

OFFICE TELEPHONE _____

HOME TELEPHONE _____

FAX NUMBER _____

EMAIL ADDRESS TO EMAIL INVOICE _____

NATURE OF BUSINESS _____

CORPORATION _____ OR PRIVATE _____ # OF YEARS IN BUSINESS _____

PASSENGER NAME & ADDRESS IF DIFFERENT FROM ABOVE (i.e. setting up account for parent etc.)

TO AUTHORIZE AUTOMATIC MONTHLY CREDIT CARD PAYMENTS PLEASE SIGN HERE:

_____ (Credit Card #) _____ (Exp. Date) _____ (CVV)

BANK INFORMATION

ADDRESS _____

CONTACT PERSON _____

PHONE NUMBER _____

CREDIT REFERENCES & PHONE NUMBERS

- 1) _____
- 2) _____
- 3) _____

I hereby authorize Duffy's Taxi in the course of establishing a credit account to contact the above person(s)/companies for a credit reference.

DATE: _____

NAME: _____

AUTHORIZED SIGNATURE: _____

I hereby authorize Duffy's Taxi 1996 Ltd. in the course of establishing a credit account to contact the above person(s)/ Companies for a credit reference.

DUFFY'S TAXI USE ONLY

APPROVED / DECLINED

ACCOUNT #: _____

MANAGER SIGNATURE _____

DATE OF APPROVED _____

ACCOUNTING: - 204-925-3486, Fax: - 204-925-3485, E-mail: - accounting@duffystaxi.com