



Company Details

Name of person opening account _____

Title or Position _____

Email address _____

Phone Number _____

Company Name _____

Tax Id # _____

Dept or Attention of _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip Code _____

Phone Number _____

Alternate Phone _____

Email address _____

Type of Business _____

How Long in Business (in months) _____

How Long at present address (in months) _____

Billing address _____

City _____ State _____ Zip Code _____

Billing Phone _____

I certify that the information provided is true, correct, and complete.

I understand that this information furnished to you on this application is for the purpose of obtaining credit from Classic Cab Company of Winston-Salem. I am authorized in my capacity to commit my firm accordingly. Payment is Net/30. Accounts over 45 days past due will be charged 5% of the original amount billed. No shows and last minute Cancellations will be charged a \$10 flat charge.

Print Name _____

Sign _____ Date _____