

KAM9 CABS LTD

NEW ACCOUNT APPLICATION

CORPORATE

PERSONAL

GOVERNMENT

Company Name: _____

Business Name: _____

Address: _____

Postal Address: _____

Invoice Address if different: _____

Main Contact: _____ Position: _____

Phone: (_____) _____ Fax :(_____) _____

Email _____

Additional Phone Number (24 Hr Service or Emergency) _____

Additional Authorized Contact Names _____

Preferred Contact Method (Circle One) Email Phone Fax

How the cab ride reservation would be made: Please circle one or multiple if needed

1. Directly by the passenger anytime
2. In advance by the company
3. Anytime by the company
3. Third Party (If yes please comment)
4. Pick Up and Drop of address (Circle One) (a) Same All the time (b) Different Every time

Special Instructions:

Number of employees that might be allowed to use the account. If possible please provide names

Approximately how often the taxi service will be used per month and for what purpose:

5 times 10 times 20 times

Passenger Transportation Only Deliveries Only Both

Credit Reference:

Company Name: _____ Phone: (_____) _____

Company Name: _____ Phone: (_____) _____

Credit Card: VISA MASTERCARD AMEX Other: _____

Credit Card Number: _____ Expiry Date: _____

Name (As shown on credit card) _____

By signing below the bearer of the above given credit card allow Kami Cabs Ltd to charge the above credit card for all the outstanding invoice and acknowledge that he or she is authorized to use the credit card. Account hold will inform Kami Cabs as soon as possible if any changes are made to the above provided credit card.

Signature: _____ Date: _____

**PLEASE FAX OR EMAIL PHOTO COPY OF BOTH SIDES OF CREDIT CARD
ALONG WITH THE PHOTO COPY OF DRIVER'S LICENSE OR ANY OTHER VALID
GOVERNMENT ID OF THE CREDIT CARD HOLDER.**

Account Number: _____

Approved By: _____

Date Opened: _____