



CREDIT APPLICATION



APPLICANTS MUST BE THE PARENT OR GUARDIAN OF THE TEEN THAT WILL USE THE JULIE CAB CARD.

APPLICANT'S LAST NAME FIRST NAME

TEEN'S LAST NAME FIRST NAME

PRESENT ADDRESS

MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

HOME PHONE NUMBER WORK PHONE NUMBER

EMPLOYER HOW LONG?

PLEASE SUPPLY EITHER A VALID MASTERCARD OR VISA NUMBER

NAME ON CARD EXPIRY DATE

I HAVE READ THROUGH AND AGREE TO THE JULIE CAB CARD USAGE AGREEMENT

I AUTHORIZE THAT ANY AND ALL CHARGES FROM THIS JULIE CAB CARD TO GO DIRECTLY ON MY MASTERCARD OR VISA AT THE END OF EACH BILLING MONTH.

I WOULD LIKE TO BE BILLED MONTHLY FOR THE CHARGES INCURRED ON THIS JULIE CAB CARD AND AGREE TO PAY THE INVOICE IN FULL EVERY MONTH. I UNDERSTAND THAT THE BALANCE OWING ON THE MONTHLY STATEMENT IS DUE AND PAYABLE UPON RECEIPT AND INTEREST WILL BE CHARGED AT THE RATE OF 2% MONTHLY ON OUTSTANDING AMOUNTS OVER 30 DAYS PAST CURRENT.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES MADE TO THIS CARD. I UNDERSTAND THAT I CAN CANCEL THE CARD AT ANY TIME BY NOTIFYING THE ISSUING TAXI COMPANY'S ACCOUNTS DEPARTMENT.

I UNDERSTAND THAT THE JULIE CAB CARD IS THE PROPERTY OF THE ISSUING TAXI COMPANY AND MAY BE REVOKED AT ANY TIME.

SIGNED

FAX, MAIL OR DROP-OFF YOUR APPLICATION TO



FAX: 381-2227
CALL: 360-8490
817 Fisgard Str

Internal use:
