



Account Application
Aerofleet Cab Services Ltd.

Fax: (905) 206-1211

Ph. (905) 678-7077

1-800-268-0905

Email: reservations@aerofleet.ca

www.aerofleet.ca

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions as printed below

Company name : _____

Contact person : _____

Address : _____

Phone : _____ **Fax :** _____

http : _____ **Email :** _____

Federal tax ID : _____ **No. of employees :** _____

Type of business : _____

Date business established : _____

Amount of credit requested \$: _____

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

Names, titles, and addresses of your chief corporate officers or Authorized Purchasers

TRADE REFERENCES

Reference #1 **Name :** _____

Address : _____

Phone : _____

Reference #2 **Name :** _____

Address : _____

Phone : _____

Reference #3 **Name :** _____

Address : _____

Phone : _____

Additional Info _____

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____ **Print Name:** _____ **Title:** _____ **Date:** _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE.

1. Invoiced monthly, Pay within 15 days