



Crown Cab Company
1541 Saint George Street
Charlotte, NC 28205
Taxi Service 704-334-6666
Fax Number 704-334-8171
www.crowncabinc.com

Date: _____

NAME OF APPLICANT: _____

LEGAL COMPANY NAME: _____

OPERATIONAL / TRADE NAME: _____

TELEPHONE # _____ FAX #: _____

ADDRESS: _____

CONTACT PERSON FOR BILLING: _____

CORRESPONDANCE DIRECTED TO: _____

NATURE OF BUSINESS: _____

NO. OF YEARS IN BUSINESS: _____

ANTICIPATED USAGE / WEEKLY: \$ _____

FEDRAL ID # _____

BANK NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CONTACT PERSON: _____

CREDIT REFERENCES:

| | NAME | ADDRESS | PHONE # |
|----|-------|---------|---------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

By accepting the Crown Cab Company Inc. credit account and signing below, the credit holder agrees to abide by the provisions, terms and conditions set forth herein.

1. Credit holder shall pay Crown Cab Co. Inc. for all the services charged to his/her company's account when account becomes due and payable. An interest charge of 2% per month or 24% per annum, calculated monthly, shall be added on any unpaid balance 15 days after the account is due and payable, and interest calculated at the aforesaid rate shall be added to the outstanding balance until the entire balance is paid in full.
2. Crown Cab Co. Inc. reserves the right to amend or change the provisions, terms and conditions of this agreement at any time by mailing to the credit holder written notice of such amendments or modifications.
3. Crown Cab Co. Inc reserves the right to withhold further credit to any credit holder, once the credit limit of the account is reached.
4. Any change of name or address, or other particular change, must be reported to Crown Cab Co. Inc. Immediately.
5. By signing below the undersigned accepts as notice in writing of an consents to the obtaining from any credit reporting agency or any credit grantor such information Crown Cab may require at any time in connection with the credit hereby applied for and consents to the disclosure at any time information concerning the undersigned to terms and conditions of the Crown Credit account holder.

Signing Authorization (Please Print) _____

Signature: _____

Title: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED: _____ DATE: _____

ACCOUNT #: _____ CREDIT LIMIT: _____

CONTRACT RATE DETAILS:

Drop Charge: \$ 5.00
Mileage rate: \$ 0.50 per each 1/5th mile (\$ 2.50 a mile)
Wait Time: \$ 24.00 per hour.

Minimum Charge:

5 Mile for city trips
10 Mile minimum for trips originating and ending in following zip codes:
(28134, 28213, 28214, 28215, 28216, 28217, 28277, 28262, 28269, 28270)

No Show Fee:

Charlotte trip \$ 10
Out of Charlotte trip: One Way Fair

Airport Fee: \$ 1 per trip (only for airport Pick-up)

Airport Parking Fee: Actual (If driver needs to park vehicle more than 30 min.)

Fixed rates based on mileage:

1. _____
2. _____
3. _____
4. _____