

ACCOUNT INFORMATION REQUEST

We wish to set up an account with *Yellow Cab Co. peninsula, Inc.*. We understand that there will be a minimum of eight dollars and fifty cents charged on each voucher and have included the billing information and contact names requested.

Company Name: _____

Billing Address: _____

Attention to: (if other than accounts payable):

Contact person: _____

Alt. Contact person: _____

Phone Number: _____

Fax number: _____

How often would you like to be billed? (circle one):

Monthly, Twice a month, Weekly or my option
Other: _____

Credit type (circle one):
Visa Master card American Express Discover
Other: _____

Number: _____ - _____ - _____ - _____ Exp. _____ - _____ - _____

Other (please explain): _____

_: credit card accounts will receive a early bird discount.

Special information about this account: such as-need names on invoices, fax authorization required, etc.:

BUSINESS START DATE _____ STATE/FED TAX ID #: _____

WE AUTHORIZE THE RELEASE OF CREDIT INFORMATION TO YELLOW CAB CO. PENINSULA, INC.

SIGNATURE: _____ TITLE: _____

THANK YOU FOR CHOOSING US
YELLOW CAB CO. PENINSULA, INC.
505 ASBURY ST SAN JOSE CA 95110
PHONE: 408-739-1234 • FAX: 408-275-9707
OUR TAX ID NO IS 77-0412579

