## Atlas Taxi Inc.

## www.atlastaxi.qc.ca

2194, Avenue Régent, Montréal, Québec

Tel: 485-8585 Fax: 485-0946

## CHARGE ACCOUNT APPLICATION

NAME:		
ADDRESS:		
How long have you be	n living at this address? Owner Tenant	
PHONE :	(MOBILE):	
EMAIL (we can send invoice	by email):	
NAS (Optional):	DATE OF BIRTH: DAY MONTH YEAR	
********	***************************	**
Employer:	Position Contact	
Phone: Annual income:	How long have you been with this employer :	
******	************************************	*
<b>Banking institution:</b> _	Branch address:	
A 5% charge is added to	each monthly statement to cover administration, mailing and printing	
costs.		
The undersigned hereby creditworthy status.	authorizes Atlas Taxi to conduct the necessary investigation to establish	l
The undersigned hereby	authorizes Atlas Taxi to charge my credit card monthly.	
Atlas Taxi reserves the	ghts to refuse or close my account without any notice. The undersigned	is
responsible for the coup	ns and any owing balance on this account.	
Credit Card: Visa	Amex MasterCard	
Credit Card No.		
Expiry Date:/ Name (as it appears on the	Card):	
Date:	Signature:	