

Bay Area Taxi Service Inc.  
**CORPORATE CHARGE ACCOUNT CREDIT APPLICATION**

*Completed applications should be faxed to 727-367-8354 or  
Posted to Bay Area Taxi Service, Inc.  
P.O. Box 66330  
St. Pete Beach, FL. 33736*

**BUSINESS CONTACT INFORMATION**

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

**BUSINESS/TRADE REFERENCES**

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**AGREEMENT**

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Bay Area Taxi Service Inc./dba Bats Taxi Company to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:  
Date:

Title:  
Date: