



BUSINESS CREDIT APPLICATION FORM

P.O. Box 950, Fort Lauderdale Florida 33302

Website: yellowcabtallahassee.com Phone: 954-566-1867

Email: accountingdept@tallahasseeyellowcab.com

Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Address:				
City:	State:	ZIP:	Phone:	Email:

Company Information

Type of Business	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:
Checking Account#:
Address:
Phone:

Trade References

Company Name:	
Contact Name:	
Address:	
Phone:	Account Opened Since:
Credit Limit:	
Current Balance:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature _____ Date _____