

## Corporate Account Application Form

PIN: ......

Account number: .....

Company name				ABN	
Authorised applicant name				Position	
Address			uburb		Postcode
Billing Address					
Phone	Fax	Email	ail		
Signature of authorised applicant			Date		
Beneficiary name			Phone		
Payment Options  Direct Deposit Pay by depositing the funds into our nominated bank account.  Por each payment method, an invoice is sent prior to processing payment.  *Pre-paid accounts receive statements with credit details. When account is closed, remaining funds are returned.					
Your credit card details are required to proceed with your application.					
Card type Card holder name Card number			A	AMEX / DINERS CI	LUB NOT ACCEPTED
Expiry date	5		Security code		3 digits at the back of your card
Authorised by Signature					
<ul> <li>TERMS AND CONDITIONS</li> <li>This form must be filled by an Authorised person and returned to ACT Cabs Pty Ltd by email to accounts@actcabs.com.au.</li> <li>Note that all requests of transportation will be attempted, but cannot be guaranteed.</li> <li>Account holders passengers pay for metered or agreed fare.</li> <li>All invoices are payable within 5 business days of invoice date.</li> <li>If no payment is received within 5 business days, interest of 10% per month (incl. GST) will apply from day 6 until receipt of payment.</li> <li>ACT Cabs, at its sole discretion may charge your credit card if no payment is received after 5 business days.</li> <li>No account set up fee. No cancellation fee.</li> </ul>					

Account name: .....

Office use only

Account approved: YES | NO

<sup>\*</sup> All information is handled in confidence with our privacy policy.