

1501 Staley Avenue
Savannah, GA 31405



Office: 912-236-1133
Fax: 912-236-1951
Dispatch: 1-877-251-1133

www.yellowCabOfSavannah.com

ACCOUNT APPLICATION

Please print or type the following information, except where signature is required.

<hr/>			<hr/>		
Company or Business Name			Contact person(s) for billing only		
<hr/>			<hr/>		
Street address			() -		
<hr/>			<hr/>		
			Business phone		

<hr/>	<hr/>	<hr/>	<hr/>
City	State	Zip Code	Number of years at this address
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**Ownership:**  Corporation  Check here if incorporated within the past 12 months.  Partnership  
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Name of principal(s)	Street	City	State	Zip	Phone
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Name of principal(s)	Street	City	State	Zip	Phone
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#### Personal Guarantor (Small business/independents)

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Name and title (Please print)	Date

Signature (By signing, I acknowledge financial responsibility for this account, in its entirety.)  
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Financial Institution Disclosure

| | | | | |
|--------------|-------|-------|-------|-----------|
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| Name of bank | City | State | Phone | Extension |
| ~~~~~ | ~~~~~ | ~~~~~ | () - | ~~~~~ |

Bank officer or bank contact person(s)
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#### References

Please provide the name, address, and phone number of 3 business references.

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Name of business	Address	City	State	Zip	Phone
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					() -
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Name of business	Address	City	State	Zip	Phone
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					( ) -
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Name of business	Address	City	State	Zip	Phone
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Allow at least 2 working days to process your application. You must provide a list of all personnel authorized to utilize Yellow Cab services, all personnel must give account number when calling or they will be denied service. Services pertain to passenger transport, package delivery, and courier services. Current applicable rates (set forth by the city) are as follows: \$2.00 for the first 1/6 of a mile, .30 each additional 1/6 mile thereafter, and \$21.00 per hour waiting charge. Additional charges may apply. Accounts are billed monthly; unpaid monthly charges accrue interest at 1.5%. By signing below, you affirm all information is correct, agree to the terms of credit and conditions as stipulated by Checker Cab Company, and accept responsibility for payment of account charges.

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Name and title (Please print.)	Signature (Required)	Date

Verification by _____ on _____ Approved Denied