

GREEN TAXI SANTA MONICA

CHARGE ACCOUNT APPLICATION

Business Name: _____

Owner's Name: _____ Tax ID #: _____

Type of Business: _____ When Established: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person handling account: _____ Phone #: _____

Fax #: _____

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Business References:

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone#: _____

Bank Reference

Bank Name: _____ Date Account Opened: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Additional Account Questions:

Will you be using this account for persons: (circle one) YES NO

packages: (circle one) YES NO

Approximate number of trips per week: _____

Owners Signature: _____ Print Name: _____

Company Name: _____

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

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For office use only:

Date account approved: _____ Account#: _____

Date account Notified: _____ Date vouchers sent: _____

Approved By: _____

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If you have any questions or need more
information feel free to call Nasr (310) 980- 5142
Thank you.