



Black & White Cabs Pty Ltd trading as
GARDEN CITY CABS
 ABN 78 054 497 353

PO Box 191
Toowoomba Q 4350
 84 Drayton Rd
 Toowoomba Q 4350

Telephone (07) 46 357250
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APPLICATION FOR CREDIT FACILITIES

I / WE _____
 (SURNAME) (GIVEN NAMES)

of _____
 (CURRENT AND POSTAL ADDRESS)

Phone number _____ Email _____

PIN Number (if required) _____ Order number required (please circle one) _____ Yes / No _____

I accept that a \$10 service charge will apply to accounts where the transactions total less than \$100 during any calendar month, a 10% service charge will apply to accounts where transactions exceed \$100 during any calendar month and the account must be paid in full by the 21st of each month. Note: Where there are no transactions during the month, no service charge applies.

I understand that the TAXI AUTHORITY CARD **MUST** be presented to the Garden City Cab's driver before credit will be allowed. (Please Note: Quoting the account title and number will be insufficient, as the driver is required to check the specimen signature on the card.)

The following members of my family / staff are authorised to use my Taxi Account. Please provide Taxi Authority Cards for the following people named.

1. _____
2. _____
3. _____

I submit the following credit references to support my application:

1. _____
2. _____

I am employed by _____

I am self employed _____

Signature of applicant / s _____ Date _____

OFFICE USE ONLY	
Approved by _____	Date _____
Account Number allocated _____	
Date account opened _____	Systems entry date _____
Card Numbers issued _____	

