

Corporate Account

ACCOUNT NUMBER

NORSHORE CAB

Northshore Cab LLC
 9696 W. Foster Ave.
 Chicago, IL 60656
 847-368-8916
 Fax 847-368-8940
 taxiwithus.com

Company:	Division:
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Address:

City, State, Zip:

Main Contact:	Accounts Payable Contact:
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Telephone:	Ext.:	Fax:
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E-Mail:	Type of Business (Partnership, Corp.):	Years in Business:
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Partners or Corporate Office rs

Name	Address	Telephone

Bank References

Bank Name	Address	Contact Name & Phone

Trade References

Company	Contact	Phone	Credit Histo ry

I certify that the above information is true. This information is to be used only for opening an account. The Customer agrees to pay all invoices within 30 days from date of invoice, and to pay 2% per month on all overdue balances.

Signature: _____ Title: _____ Date: _____