



# Corporate Account Application

Please scan and email or fax (206.246. 8845) completed application to STITA at [erika.ellis@stitataxi.com](mailto:erika.ellis@stitataxi.com)

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Company Name	Contact Name	Contact Title
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Telephone	Fax	Email
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Company Address	Street	Suite
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City	State	Zip
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**For Billing Inquiries:**      Same as above \_\_\_      Customer Pays \_\_\_

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Contact Name	Phone	Fax
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Billing Address	Street	Suite
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City	State	Zip
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Preferred method of invoice payment?      Check (Due upon receipt) \_\_\_      Visa \_\_\_      M/C \_\_\_      AMEX \_\_\_      Automatic Transfer \_\_\_

## Credit Agreement

In consideration of the extension of credit to us by STITA Taxi, we agree to pay all amounts owing by us to STITA Taxi with respect to taxi fares incurred by ourselves or with our apparent authority, and all other charges related to this agreement. We accept full responsibility for the amounts invoiced to us and agree that any bill or voucher bearing the signature of a person apparently authorized by us shall be final and binding. We agree that any discrepancies noted upon review of the invoice shall be submitted to STITA Taxi within 15 days of the billing date or the invoice shall be deemed to be correct and final. We agree that all invoices are due on receipt. All amounts more than 30 days past due are subject to a 3% late fee. Amounts more than 90 days past due are subject to submission to a collection agency, and all amounts incurred to collect the debt will be added to the past due amount. Either party may terminate this agreement by giving the other a 30-day written notice of intent to terminate. Termination of this agreement shall not relieve us from any obligations incurred under this agreement while in force. The undersigned authorizes and consents to the receipt and exchange of credit information under the Fair Credit Reporting Act, and agrees to abide by the terms and conditions of this credit agreement. Should any collection issue go to court, non-prevailing party will pay all fees, costs, including legal fees of prevailing party.

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Name of Applicant (Please print)	Title
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Signature of Applicant	Date
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STITA Representative	Date
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