

Regal Coach Taxi

(Application for Business Account)
92366 E Road, Astoria, OR 97103 (503)325-8715

Business Name: _____ Business Telephone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

How Long In Business: _____ Type Of Business: _____

Please list all names, addresses and Social Security or Employers Identification Numbers of any individuals or business entities who are to be responsible for and guaranty payment of account.

1. Name: _____ Social Security or EIN #: _____
 Title: _____ Telephone #: _____
 Bank Name _____ Bank Telephone # _____

2. Name: _____ Social Security or EIN #: _____
 Title: _____ Telephone #: _____
 Bank Name _____ Bank Telephone # _____

3. Name: _____ Social Security or EIN #: _____
 Title: _____ Telephone #: _____
 Bank Name _____ Bank Telephone # _____

Please Provide References:

1. Name: _____ Phone #: _____
 2. Name: _____ Phone #: _____
 3. Name: _____ Phone #: _____

AGREEMENT AND GUARANTY

I have made the above statements for the purpose of obtaining credit. I certify that they are true and I authorize Regal Coach Taxi to check references. Billings are issued on the 5th of every month for the previous month and are due payable by the 15th of the each month. Payments received after the 15th of the month will be assesed a \$25.00 late fee.

Signatures of Responsible Parties:

Date: _____
 Date: _____
 Date: _____