

**MAIN LINE TAXI & LIMOUSINE CO
APPLICATION FOR ACCOUNT**

Company Name:
Full Name Applicant:
Billing Address:
Suburb/City:
Zip:
Street Address: (Where vouchers will be couriered)
Email Address:

PROPRIETOR/PARTNER/DIRECTOR INFORMATION

Full name of proprietor/partner/director:
Name & Address of your external accountant authorized to confirm financial details: Name _____ Address _____ Phone _____
Authorized person to reserve transportation: 1. _____ 2. _____ 3. _____ 4. _____
Please check your chosen account type: Book Smart <input type="checkbox"/> Taxi Vouchers <input type="checkbox"/> Pre-paid Taxi Vouchers <input type="checkbox"/>
Check for: Request for TAXI <input type="checkbox"/> Request TOWN CAR <input type="checkbox"/> Just send a Car <input type="checkbox"/>

Declaration This application is made subject to the terms and condition as amended from time to time under which MLT vouchers are issued. A copy of the correct terms and conditions are available with this application and will accompany the MLT vouchers issued to the applicant/s should the MLT vouchers be accepted. I/we understand that the use of the MLT vouchers indicates Acceptance of the terms and conditions. I/we warrant that the information supplied in this application is true and correct. I/we authorize MLT Ltd. to obtain from any source, and person to furnish to MLT Ltd. Any information concerning my/our credit and employment. I/we understand that MLT need not provide a reason should this application be declined. **Please note:** Each person to whom the vouchers are issued will be bound by the terms and conditions and will be jointly and individually liable for repayment of all outstanding balances & collection costs.

Authorized Company Signatory : _____ Date _____

Please ensure completion of all forms with this application .If not, This will result in your account application being returned for completion, which will prolong the process. **PLEASE FAX BOTH FORMS TO NIMI GAL AT (610) 239-9911**