

# MIAMI LIBERTY CAB COMPANY

## APPLICATION FOR ACCOUNT PAID BY CREDIT CARD

Bill to \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ S \_\_\_\_\_

Attention \_\_\_\_\_ Phone # \_\_\_\_\_

IRS Tax # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ S \_\_\_\_\_ D-U-N-S # \_\_\_\_\_

Credit Card Information – VISA - MASTERCARD – AMEX – DISCOVER

Card Number – \_\_\_\_\_

Expiration Date – \_\_\_\_\_ 3 or 4 digit CID code - \_\_\_\_\_

Card Holder Name - \_\_\_\_\_  
(Printed)

Card Holder Name - \_\_\_\_\_  
(Signature)

Credit Card Statement Mailing Address

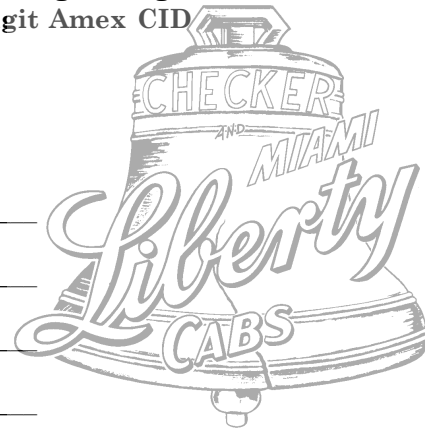
Street \_\_\_\_\_ P. O. Box # \_\_\_\_\_

City / State \_\_\_\_\_ N|d SSSSSSSSS

Include copy of front and back of credit card used above. Also, copy of I.D. Statement mailing address is required in order to submit for processing. 3 digit CID code is found on back of most cards in the signature line. 4 digit Amex CID code is on front above card number.

### Persons Authorized to Order Transportation

- |          |           |
|----------|-----------|
| 1. _____ | 2. _____  |
| 3. _____ | 4. _____  |
| 5. _____ | 6. _____  |
| 7. _____ | 8. _____  |
| 9. _____ | 10. _____ |



-- Continued on next page --

Phone: 937-222-2822

Email: Sales@DaytonCab.com

Fax: 937-222-6468

As an applicant for credit with Miami Liberty Cab Co. hereinafter known as MLC, I/We hereby authorize MLC and/or it's agents to conduct a credit investigation of

\_\_\_\_\_  
(Customer Name)

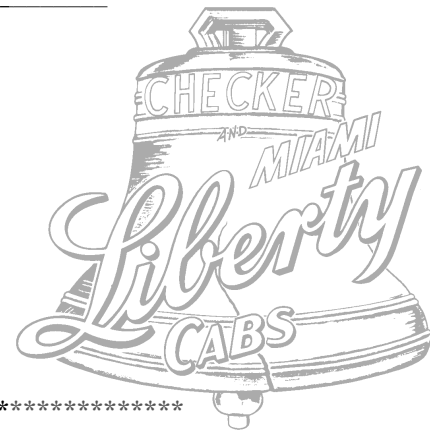
hereinafter known as customer, and to conduct such investigations as it deems appropriate to verify the statements made in this application. Customer hereby requests any references and/or bank to release all credit information in their possession pertaining to customer which MLC may deem relevant to this application for credit. In exchange for consideration of our application, customer agrees hereby to release and hold harmless any reference or bank, or their representative from any liability which he or she may incur in connection with the release of such information. I/We agree that a photocopy of my signature on this form shall be regarded as if it were an original signed in ink .

Customer agrees that all charges to customers account with MLC will be paid by charging all open balances to customers credit card listed herein or a suitable replacement credit card. Account terms are due on receipt. Any account not paid within terms will be charged a Service charge of 1.5% per month. Any invoice not paid within 10 days shall cause customer to be in default. Customer agrees to pay all invoices when due by keeping a valid credit card on file with MLC that can accommodate all trips billed to the account. The laws of the State of Ohio shall apply in all cases and in the event of default, customer agrees to pay all costs, including attorney fees and associated costs incurred in the collection of this account.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Authorized Agent Name (Signed)                      Title                      Date

\_\_\_\_\_  
Authorized Agent Name (Print)



\*\*\*\*\*  
MLC use only below this line.

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Credit Limit \_\_\_\_\_ Custno \_\_\_\_\_