



12 Hardy Street, Whanganui 4500

ACCOUNT APPLICATION FOR A PERSONAL CHARGE ACCOUNT

SURNAME: _____

FIRST NAME: _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE DAY () _____ AFTER HRS () _____

MOBILE: _____

DATE OF BIRTH: _____ DRIVER LICENSE NO : _____

ESTIMATED MONTHLY SPEND: _____ NO. VOUCHER BOOKS REQUIRED: _____

PERSONS AUTHORISED TO USE THIS ACCOUNT: _____

I / we acknowledge the purchase of services from River City Cabs is limited to the following terms:

- Payments to be made by or on the 20th of the month following the provision of services.
- The continuance of the credit facility or restriction of the same will be at the discretion of River City Cabs.
- I / we warrant that the information supplied is complete, true and correct.
- I / we understand that River City Cabs need not provide a reason should this application not be approved.

NAME: _____ DATE: _____ SIGNED: _____

FOR OFFICE USE ONLY

0%

5%

7.5%

10%

Account Number: _____

DATE OPENED: _____