

ROYAL TRANSPORTATION COMPANY
7225 COLERAIN AVE CINCINNATI OH 45239
Office; 1888-462-1446 * Dispatch 513-GO ROYAL (467-6925)

Business application

Firm name _____ main phone _____

Billing address _____

City _____ state _____ zip _____

Billing contact name _____ phone number _____

Is Business; individually owned _____ partnership _____ corporation _____

Type of Business _____ how long in business _____ EIN _____

LIST OF OWNERS/PARTNERS/CORPORATE OFFICERS

1) Name _____ address _____

Phone number _____ SSN; _____

2) Name _____ address _____

Phone number _____ SSN; _____

Trade References

1. Name _____ phone _____ contact _____

2. Name _____ phone _____ contact _____

Bank References

1. Name _____ phone _____ contact _____

Account number _____ type of account _____

2. Name _____ phone _____ contact _____

Account number _____ type of account _____

Questionnaire

How long at present location? _____

How many years in business? _____

Number of employees that will use the cab services? _____

How many vouchers do you estimate you will need per month? _____

Will you need sedan service or package delivery service? _____

Do you need a copy of the vouchers returned with the monthly statement? _____

Payment of your monthly balance can be made via withdrawal from your checking account, automatic payment with credit card or via check. Please see the attached auto payment enrollment form to enroll in either of these convenient options. This form does not need to be completed if you intend to pay via check

Terms and conditions

If the above firm extends credit to the applicant on the base of the stated information which applicant warrants being true applicant (his/her spouse and /or guarantor. If any) promises to pay the account (including both present and future liabilities') in full ten (10) days after billing. If applicant should fail to pay within ten day after billing. The applicant agrees to pay a service charge of 2% per month on the unpaid balance of said account. Any accrued service charges and interest at the maximum legal rate from the due date through date paid in full plus court costs collection fees and attorneys' fees. If the account is paid via check and the check is returned for insufficient funds there will be \$29.00 fee accessed to the account. Royal cab is not responsible for the fraudulent use of the account

Applicant is (corporation/partnership/individual proprietor) and undersigned is an officer/partner/authorized person thereof authorized to make the application and to certify that the above statements are true

Signature _____

Title _____

Date _____

ROYAL TRANSPORTATION
AUTO PAYMENT ENROLLMENT FORM

NAME ON ACCOUNT _____

FOUR DIGIT ACCOUNT NUMBER _____

OPTION 1 AUTOMATIC WITHDRAWAL FROM CHECKING ACCOUNT

I (we) hereby authorize Royal transportation to initiate entries to my checking/savings accounts at the financial institution listed below and if necessary initiate adjustments for any transactions credited/debited in error. The authority will remain in affect until Royal transportation is notified by me (us) in writing to cancel it in such time as to afford Royal transportation and the financial institution a reasonable opportunity to act on it.

NAME OF FINANCIAL INSTITUTION _____

ADDRESS _____ CITY _____ STATE ___ ZIP _____

ACCOUNT # _____ NAME ON ACCOUNT _____

ROUTING NUMBER _____

ADDRESS ON ACCOUNT _____

SIGNATURE _____

OPTION 2 AUTOMATIC PAYMENTS WITH CREDIT CARD

CREDIT CARD NUMBER _____

BILLING ADDRESS _____

EXPIRATION DATE _____

SIGNATURE OF CARDHOLDER _____

