

**Yellow Cab Co. of Greenville  
436 W Warehouse Court  
Taylors, South Carolina 29687  
FAX: (864) 244-6691  
PHONE: (864) 233-6666**

**BUSINESS CHARGE ACCOUNT APPLICATION**

**BUSINESS INFORMATION:**

**Name of Business:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Person Responsible for Paying the Bill:** \_\_\_\_\_

I authorize Yellow Cab Co., to establish a charge account for the above named company. I understand that we will be billed monthly and payment is due upon receipt of the monthly billing invoice. A finance charge of 1 1/2% per month (annual 18%) may be added to all accounts unpaid after 30 days.

I hereby authorize the following people to request cab service. If there is any change to this list, I will notify Yellow Cab Co., in writing prior to the change. I will be held responsible for any and all charges to this account made by the people if I fail to inform Yellow Cab Co. of changes.

In the event of an emergency and there is no time to contact us via mail, you may contact the billing department 24 hours per day at (864)233-6666.

_____	_____
_____	_____
_____	_____

**Pls. initial here** \_\_\_\_\_

**Yellow Cab of Greenville**

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I hereby authorize the following people to ride to the below listed destinations and charge it to our account with Yellow Cab Co. If there is any change to this list, I will notify Yellow Cab Co., in writing prior to the change. I will be held responsible for any and all charges to this account made by the people if I fail to inform Yellow Cab Co. of changes.

**Passenger List**

**Destinations**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**I hereby agree that I will pay for all services rendered upon receipt of the monthly bill. If for any reason said bill is unpaid after a reasonable amount of time, I understand that I will be responsible for any and all collection fees and/or reasonable attorney fees required to collect any moneys due.**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**YELLOW CAB CO. OF GREENVILLE, INC.**  
**P.O. BOX 2850**  
**GREENVILLE, SC 29602**  
**864-233-6666**  
**864-233-9989 (FAX)**

Credit Card Authorization Form:

Name : \_\_\_\_\_

Credit Card \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Credit Card Information

Circle type of card:    Mastercard    Amex    Visa    Discover  
(YCG only accepts these 2 credit cards)

Credit card #: \_\_\_\_\_

Security Code#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I/we authorize for Yellow Cab to charge any **past due** amount to the credit card listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date