



- Checker Cabs
- Checker Courier, Calgary
- Ambassador Limousine

316 Meridian Road SE
 Calgary, AB T2A 1X2
 Main: {403} 299-4999
 Fax: (403) 248-0584
 www.thecheckergroup.com

APPLICATION FOR A PERSONAL CHECKER CAB CHARGE CARD

Mr. / Mrs. / Ms.	First Name	Initial	Last Name		
Telephone	Home	Work	Cellular		
Present Address Code			City	Province	Postal
Years at Present Address	Own	Rent	Other	Monthly or Mortgage	Date of Birth
Previous Address Number			How Long?		Social Insurance
Present Occupation	Gross Monthly Income	Other Monthly Income		Spouses Name	# of Dependents
Name and Address of Present Employer					How Long
Previous Occupation	Previous Employer and Address			How Long	
Spouses Occupation	Name & Address of Spouses Employer		How Long	Gross Monthly Income	
Name of Nearest Relative not living with you		Address		Relationship	
Name of your Bank		Address		Account Numbers	

The undersigned or each of them, if more than one, certifies the above information to be true and correct. By signing below the undersigned accepts as notice in writing of and consents to the obtaining from any credit reporting agency or any credit grantor such information Checker may require at any time in connection with the credit hereby applied for and consents to the disclosure at any time of any information concerning the undersigned to terms and conditions of the Checker card holders agreement. If a card is requested in spouse's name, each of the undersigned applicants will be jointly and severally liable for the indebtedness and obligations incurred through use of charge cards issued pursuant to this application.

X
X

 Signature of Applicant Date Signature of Spouse (if card wanted)

For Office Use Only		
Approved: _____	Date: _____	
Account No.: _____	Credit Limit: _____	No. of Cards Issued: _____
Credit Information		

CREDIT ACCOUNT AGREEMENT

By accepting **Checker Cabs Ltd.** credit account and signing below, the credit cardholder (whose name appears on the charge card) agrees to abide by the provisions, terms and conditions set forth herein:

1. Credit holder shall pay to **Checker Cabs Ltd.** for all services charged to his/her/company's account when account becomes due and payable. An interest charge of 2% per month or 24% per annum, calculated monthly, shall be added on any unpaid balance 15 days after the account is due and payable, and interest calculated at the aforesaid rate shall be added to the outstanding balance until the entire balance is paid in full.
2. **Checker Cabs Ltd.** charge card is not transferable nor assignable.
3. The charge card remains the property of **Checker Cabs Ltd.** and the card may be revoked at any time without prior notice by **Checker Cabs Ltd.** Any card so revoked must be surrendered immediately upon demand from **Checker Cabs Ltd.**
4. **Checker Cabs Ltd.** reserves the right to amend or change the provisions, terms and conditions of this Agreement at any time by mailing to the cardholder written notice of such amendments or modifications.
5. The cardholder is liable to all charges made with the charge card, whether such use is by the cardholder or any other person with or without the authorization of the cardholder.
6. If cardholder wishes to cease to be a cardholder, he/she/company shall cut the charge card in half and return both halves to **Checker Cabs Ltd.** at:

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7. **Checker Cabs Ltd.** reserves the right to withhold further credit without revocation of the charge card to any cardholder, once the credit limit of the account is reached.
8. Any change of name or address, or other particular changes, must be reported to **Checker Cabs Ltd.** immediately. Any lost or stolen cards are to be reported to **Checker Cabs Ltd.** in writing.
9. Any lost or stolen cards are to be reported to **Checker Cabs Ltd.** in writing.
10. By signing below the undersigned accepts as notice in writing of, and consents to, the obtaining from any credit reporting agency or any credit grantor such information Checker Cabs Ltd. may require at any time in connection with the credit hereby applied for and consents to the disclosure at any time of any information concerning the undersigned to terms and conditions of the Checker card holders agreement.

Signing Authorization (please print): _____

Signature: _____

Date: _____