



CLIENT REGISTRATION FORM

Customer Name

Customer Address:

Telephone Number:

Fax Number:

E-mail Address:

Web Address:

Nature of Business:

Years in Business:

Person Responsible for Processing Invoices:

E-mail

Person Responsible for Paying Account:

E-mail

References:	Name:	Address:
Bank	_____	_____
Trade (1)	_____	_____
Trade (2)	_____	_____

(above references not required from existing clients)

(I) We, understand and agree to City Cabs Credit Terms of 30 days credit from end of month. In addition we accept that all account queries must be made within fourteen days of receipt of the invoice. Copy invoices outside our credit terms may incur a charge. On time arrival is +/- 15 minutes. City Cabs shall not be held responsible for late arrivals in consequence of war, strikes, traffic congestion or other unforeseen events. City Cabs strive to provide an excellent service to all its clients and we will make reasonable endeavors to do so. I the undersigned, declare that I am authorised to sign this documents.

Authorised Signatory:

company stamp

Position:

Date:

