



563 Trabert Avenue, NW  
Atlanta, GA 30309-2299  
[www.atlantacheckercab.com](http://www.atlantacheckercab.com)

Office: 404-351-8255  
Fax: 404-351-1937  
Dispatch: 404-351-1111

**CORPORATE ACCOUNT APPLICATION**

\_\_\_\_\_  
**Company or Business Name** \_\_\_\_\_  
**Contact Person(s) for billing purposes only**  
(\_\_\_\_\_) \_\_\_\_\_  
**Business Phone**  
\_\_\_\_\_  
**Street Address**  
\_\_\_\_\_  
**City** **State** **Zip Code** **Number of Years at this Address**

**Ownership:**     **Corporation**             **Check here if incorporated within the past 12 months**             **Partnership**

\_\_\_\_\_  
**Name of Principal(s)** **Street** **City** **State** **Zip Code** **Business Phone**  
(\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
**Name of Principal(s)** **Street** **City** **State** **Zip Code** **Business Phone**  
(\_\_\_\_\_) \_\_\_\_\_

**Personal Guarantor (Small Business/Independents):**

\_\_\_\_\_  
**Name and Title (please print)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (By signing I acknowledge financial responsibility for this account, in its entirety.)**

**Financial Institution Disclosure:**

\_\_\_\_\_  
**Name of Bank** **Address** **City** **State** **Zip Code** **Business Phone**  
(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Bank Officer Name or Bank Contact Person**

**References:**

**Please provide the name of business, address, telephone, and fax number of 3 business references.**

\_\_\_\_\_  
**Name of Business** **Contact Name** **Address** **City** **State** **Zip** **Phone**  
(\_\_\_\_\_) \_\_\_\_\_  
**Fax**  
(\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
**Name of Business** **Contact Name** **Address** **City** **State** **Zip** **Phone**  
(\_\_\_\_\_) \_\_\_\_\_  
**Fax**  
(\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
**Name of Business** **Contact Name** **Address** **City** **State** **Zip** **Phone**  
(\_\_\_\_\_) \_\_\_\_\_  
**Fax**  
(\_\_\_\_\_) \_\_\_\_\_

*The application process takes approximately 3 days to complete. Please provide a list of all personnel authorized to utilize Checker Cab services. The corporate account number must be provided when calling for a taxi, or they will be denied service. Services pertain to passenger transport, package delivery, and/or courier services. Current applicable rates (set forth by the City) are as follows: \$2.50 for the first 1/8 of a mile; \$.25 each additional 1/8 of a mile thereafter; and \$21.00 per hour waiting charge. Additional charges may apply. Accounts are billed monthly and are payable upon receipt. Any unpaid monthly charges will accrue interest at a rate of 1.5%. By signing below, you affirm all information is true and correct, agree to the terms of credit and conditions as stipulated by Checker Cab Company, and accept responsibility for payment of any and all account charges.*

\_\_\_\_\_  
**Name and Title (Please Print)** \_\_\_\_\_  
**Signature (Required)** \_\_\_\_\_  
**Date**