

MAYFAIR TAXI LTD.

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Calgary, AB T2H 0T3
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FX: (403) 255-3968
mayfair-office@mayfairtaxi.com

Personal Account Application Form

Name: _____

Address: _____ Postal: _____

Phone #: _____ Bus #: _____ Fax #: _____

Email: _____

(Invoices will be sent to email provided above)

Credit References

Company _____ Phone # _____

Address _____

Payment Methods

Visa/MC/ Amex _____ Exp _____

CVV/CVC _____

Or Cheque payable to Mayfair Taxi due within 30 Days

Persons/ Trips Authorized to Charge: _____

Additional Information: _____

Authorization Signature: _____ Date: _____