



Laclede Cab Company  
600 S. Vandeventer Ave.  
St. Louis, MO 63110

Office: (314) 535-1162 Fax: (314) 652-1719

Acc. # _____
Start _____
Office Use Only

Charge Account Application

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
(XXX) XXX-XXXX

Address \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_  
(XXX) XXX-XXXX

Billing Email Address \_\_\_\_\_

EIN/Tax ID \_\_\_\_\_ Years in Business \_\_\_\_\_

Nature of Business \_\_\_\_\_

Corporation	Sole Prop.
Subsidiary	Non-Profit

If Subsidiary, Name of Parent Company \_\_\_\_\_

Office Manager \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

<u>Local Vendor Credit References</u>	<u>Phone</u> <small>(XXX) XXX-XXXX</small>
_____	_____
_____	_____

Estimated Monthly Charges \$ \_\_\_\_\_

*I understand that the full amounts on this Charge Account are due upon receipt of statements.*

Signature of Company Officer \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Payments are due upon receipt of statements. Laclede Cab reserves the right to charge late fees & finances charges if amounts due are not fully paid within 30 days of statement date.**

**There is a 25 cent accounting service charge per voucher transaction (trip).**

**Please Answer All Questions Fully**  
For Cab Service Call (314) 652-3456