

Liberty Communications Inc.  
 Liberty Medicar Inc. / Liberty Cab / Liberty Yellow  
 1580 Kenmore Ave. Buffalo NY 14216  
 Office: 716-877-7113 / Fax: 716-877-2900  
 Email: Accounts@libertycab.com  
 Accounts Manager: Deanna Keils

**CREDIT ACCOUNT APPLICATION**

APPLICANT INFORMATION

Individual Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

TYPE OF BUSINESS

INDIVIDUAL

PARTNERSHIP

CORPORATION

INDIVIDUAL

CORPORATE – INDIVIDUAL APPLICATION INFORMATION

Business Name:

Tax ID (TIN):

Administrator Contact:

Billing Contact:

Phone:

E-mail:

Fax:

Address:

City:

State:

ZIP Code:

4-Digit Account Pin: \_\_\_\_\_

This is mandatory to avoid fraudulent use of the account

BILLING OPTIONS

Invoice by mail

Invoice by email

Other

PAYMENT OPTIONS

Pay by check

Pay by credit card

Pay by credit card via email link

**IMPORTANT POLICY TERMS**

"If the above firm extends credit to the applicant on the base of the stated information which applicant warrants to be true, applicant (his/her spouse if and/or guarantor, if any) promises to pay the account (including both present and future liabilities) upon receipt of invoice. If applicant should fail to pay within ninety (90) days after billing, the applicant agrees to pay a service charge of 2% per month on the unpaid balance of said account, any accrued service charges and interest at the maximum legal rate from the due date through date paid in full, plus court costs, collection fees and attorney fees. If the account is paid via check and the check is returned for insufficient funds, there will be a \$15.00 fee assessed to the account. Liberty/Yellow Cab is not responsible for any fraudulent use of the account. Failure to enroll in our policy of providing a pin or adhere to Liberty/Yellow Cab's policy will place your account at risk for fraudulent activity of which Liberty/Yellow Cab has no responsibility."

Signature of applicant:

Date: