



Black & White Cabs Pty Ltd
 ABN 78 054 497 353
 17 Banksia Place
 Brisbane Airport QLD 4008
 PO Box 1097
 Hamilton QLD 4007
 Phone : (07) 3860 1800
 Fax : (07) 3860 6000
 www.blackandwhitecabs.com.au
 info@blackandwhitecabs.com.au

**Black & White Cabs Pty Ltd
 CREDIT APPLICATION FORM**

APPLICANT(S) DETAILS

Date-----/-----/-----

Legal Company/Business Name _____

Trading Name _____

Nature of Business _____

ACN _____

ABN _____

Address _____

Postcode _____

Email _____

Telephone _____

Facsimile _____

Mobile _____

DIRECTORS / PROPRIETORS / SOLE TRADERS DETAILS (must be completed by each Applicants)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRADE REFERENCES:

Company	Contact	Telephone No.

Remarks:

Taxi Subsidy Cards (TSS) to be used **Y N**

STATEMENT OF CONSENT BY APPLICANT(S) FOR COMMERCIAL CREDIT

Please read carefully before signing. Where there is more than one applicant, all applicants must sign.

Black & White Cabs may obtain information about The Applicant from credit reporting services (or similar organisations), trade referees, bankers and other sources and for such purposes, if necessary. The application grants Black & White Cabs permission pursuant to sections 18K(1)(b), (c) and (h) of the Privacy Act 1988("the Privacy Act") and where the applicant is a sole trader or a partnership, each of the proprietors' consent to Black & White Cabs obtaining credit information on them individually for the purposes of assessing this application pursuant to sections 18K(1)(b) and 18L(4) of the Privacy Act. In addition, the applicant grants Black & white Cabs all necessary permissions under the Privacy Act or otherwise, to obtain the above information. Where the applicant is a company, it's directors' consent to Black & White Cabs obtaining a credit report concerning each of them for the purpose of assessing the commercial credit application pursuant to section 18K(1)(b) and section 18L(4) of the Privacy Act.

DISPUTED TRANSACTIONS

Our advanced accounting software reviews all payments for our corporate and account customers and will automatically flag any suspicious fare charges. This ensures our team can quickly identify and address any fare related discrepancies. Our policies are designed to provide transparency and accountability.

It is the account holder's responsibility to check your Account statement carefully as soon as you receive it and immediately notify us of any errors or unauthorised transactions. We are not required to accept a claim if it is made more than 2 months after the date of the statement.

You must provide all information that we reasonably request to allow us to consider your claim. This may include statutory declarations and copies of any dockets or receipts.

We will investigate your claim and advise you in writing of the outcome of our investigation. If we decide that your Account has been incorrectly charged (within the required ability to claim period) we will adjust your Account (including any Fees).

TERM AND CONDITIONS OF OPERATING A BLACK & WHITE CABS ACCOUNT

I/we hereby make application to open a credit account with Black & White Cabs.

I/we agree by the minimum spend requirement of \$200 per month.

I/we agree to a 5% Admin Fee on the monthly account balance.

I/we agree to pay all purchases and charges within 21 days of the close of the period (Statement print date).

Black & White Cabs reserves the right to charge interest of 1.5% on the outstanding balance.

I/we agree to 1.5% credit card fee if account is paid via credit card. No additional fees apply if paid by cheque or bank transfer.

Black & White Cabs at its discretion, reserves the right to,

- a) refuse the applicants credit facilities,
- b) to withdraw credit facilities provided to the applicants without prior notice for the breach of these terms and conditions

To the extent permitted by law, this document may be executed electronically, including by using software or a platform for the electronic execution of contracts.

Signature	Name (Please print)	Date
-----------	---------------------	------

Signature	Name (Please print)	Date
-----------	---------------------	------

For Office use only

Trade Reference	Approval	Accounts
Date	Date	Code B:
		AS400:
		Date