

CABS FOR WOMEN 300 CREDIT ACCOUNT APPLICATION FORM. Please scan and email to info@cabsforwomen.co.za

PERSONAL DETAILS
 FULL NAMES AND SURNAME: _____
 PHYSICAL ADDRESS: _____
 _____ CODE: _____
 TEL: () _____ FAX () _____
 CELL: _____
 IDENTIFICATION NUMBER: _____

DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT
 FULL NAMES AND SURNAME: _____
 PHYSICAL ADDRESS: _____
 POSTAL ADDRESS: _____
 E-MAIL ADDRESS: _____
 TEL: () _____ FAX: () _____
 CELL: _____
 CONFIRMATION E-MAIL _____

CREDIT CARD INFORMATION
 CREDIT CARD NUMBER: _____
 EXP DATE: _____ CVC NO: _____
 Confirm Card Type: VISA MASTERCARD DINERS AMEX

CREDIT LIMIT WILL BE R300.00

Individuals authorised to book on this account:

Name _____	Cell _____	Email _____
Name _____	Cell _____	Email _____
Name _____	Cell _____	Email _____
Name _____	Cell _____	Email _____
Name _____	Cell _____	Email _____
Name _____	Cell _____	Email _____

TERMS AND CONDITIONS
 I/We acknowledge that the purchase of services from Cabs for Women (Pty) Ltd is subject to the following terms and conditions:

1. An amount of R 300.00 will be debited against your credit card and credited to your Cabs for Women 300 account. Trips taken during a month will be debited against your account. When the account balance reaches zero another debit of R300.00 will be processed from your credit card. Should funds not be available, the account will be suspended until they are.
2. Invoices and a monthly statement will be emailed to you by Cabs for Women.
3. Credit facilities may be restricted or withdrawn at the discretion of Cabs for Women.
4. Cabs for Women will take all reasonable care to keep credit card details secure.
5. The undersigned account holder authorises Cabs for Women to debit their credit card account and hereby accepts liability in respect of any balance owing on the account.
6. Interest shall be charged on outstanding amounts not paid by the due date, at the prevailing prime interest rate plus 2%, calculated from the date on which the services were provided by Cabs for Women.
7. Bookings will only be accepted by the authorised individuals on this form. Any changes to the authorised users to be confirmed by email before the bookings take place.
8. Please attach a copy of your South African ID document and proof of residence.
9. Minimum contract period is 6 months, thereafter may be cancelled by giving a calendar month's written notice via Email; - info@cabsforwomen.co.za.
10. Account start date from the / /2014

SIGNATURE OF ACCOUNT HOLDER (S)

NAME OF HOLDER (S)

TO BE COMPLETED BY Cabs for Women
 Account number _____ Date opened _____
 Accepted by _____ Signature _____

PLEASE ENSURE THAT THE FOLLOWING IS ATTACHED TO THE APPLICATION FORM WHEN FAXING BACK:

1. PROOF OF RESIDENCE
2. COPY OF ID