VernonTAXI Inc.

BOX 788, Vernon, B.C. V1T 6M7

CHARGE ACCOUNT AUTHORIZATION: ACCOUNT NUMBER: COMPANY: CONTACT NAME: BILLING ADDRESS: PHONE #:______FAX#:_____ START DATE:_____FINISH DATE:____ PEOPLE ALLOWED TO CHARGE: ADDRESSES AUTHORIZED TO CHARGE TO AND FROM:

Telephone (250) 545-3337 Fax (250) 545-3830 vernontaxi@gmail.com

VernonTAXI Inc.

BOX 788, Vernon, B.C. V1T 6M7

| PAYMENT METHOD: |
|---|
| ☐ CHEQUE — PLEASE HOLD MY CREDIT CARD AS COLLATERAL ☐ CREDIT CARD |
| CREDIT CARD NUMBER: |
| EXPIRY DATE: |
| NAME ON CREDIT CARD: |
| SIGNATURE: |