

**BAY STATE TAXI
PERSONAL CHARGE ACCOUNT
PHONE# 617-734-0262 FAX# 617-734-0265**

NAME _____ **Date** _____

ADDRESS _____

CONTACT PERSON _____

AUTHORIZED TO ORDER RIDES:

PHONE# _____ **FAX#** _____

PLEASE GIVE BANK REFERANCE:

Bank Name	Contact Person	Phone #
------------------	-----------------------	----------------

CREDIT CARD INFORMATION:

Card Name	Card Number	Expiration Date	Name of Card Holder
------------------	--------------------	------------------------	----------------------------

AUTHORIZED SIGNITURE _____

PLEASE PRINT NAME _____

BILLING ADDRESS

PLEASE READ Please remember when you receive your voucher book(s) they are the same as a checkbook. You are responsible for any unauthorized usage. Notify us immediately if they are lost or stolen.

**Mail completed application to: Bay State Taxi, Attn: Personal Accounts, P.O. Box 957,
Brookline, MA 02446 OR**

FAX completed application to 617-734-0265