

UNITED CABS INC. 1634 EUTERPE ST. NEW ORLEANS, LA. 70130

BUSINESS OFFICE: 504-522-0629

Email: accts.united.cabs@gmail.com

DEAR CUSTOMER:

PLEASE FILL OUT THE ATTACHED APPLICATION, PRINT IT OUT AND INCLUDE YOUR SINGATURE. EITHER MAIL OR EMAIL THE APPLICATON BACK TO OUR OFFICE WHEN COMPLETED. PLEASE INITIAL NEXT TO EACH PARAGRAPH OF THIS LETTER (ON THE LINE PROVIDED*) AND SEND IT BACK WITH THE APPLICATION AS WELL. ALLOW ONE TO THREE WEEKS FOR PROCESSING.

WHEREVER THIS * _____ APPEARS MEANS THAT YOUR INITIALS ARE REQUIRED.

* _____ MONTHLY STATEMENTS ARE SENT OUT BY THE **10TH OF EVERY MONTH.** ALL PAYMENTS **MUST** BE MADE IN FULL **BEFORE THE 20TH OF EVERY MONTH.**

* _____ PLEASE NOTE THAT A **\$10.00 MONTHLY SERVICE CHARGE** WILL APPEAR ON YOUR STATEMENT EACH MONTH (THIS COVERS ACCOUNT MAINTENANCE). THIS **CHARGE WILL BE APPLIED WHETHER YOU USE THE ACCOUNT OR NOT.** THE SERVICE CHARGE WILL ALSO APPEAR ON YOUR FINAL BILL (WE BILL IT ONE MONTH BEHIND THE OTHER CHARGES). THIS SERVICE CHARGE WILL KEEP THE ACCOUNT OPEN AND ACTIVE.

* _____ **IF YOU ARE ISSUED AN ACCOUNT WITH UNITED CABS, INC. YOU NEED TO UNDERSTAND THAT YOU ARE COMPLETELY RESPONSIBLE FOR ANY AND ALL ACTIVITY, CHARGES AND PAYMENTS REGARDING SAID ACCOUNT. THEREFORE, YOU SHOULD NOT ISSUE THE ACCOUNT DETAILS OR ACCOUNT NUMBER TO ANYONE YOU DO NOT WANT TO HAVE IT AS YOU WILL BE HELD ENTIRELY RESPONSIBLE FOR ANY & ALL ACTIVITY & CHARGES. WE SUGGEST WHEN USING YOUR ACCOUNT YOU DO NOT SAY YOUR ACCOUNT NAME/NUMBER WHERE ANYONE ELSE CAN HEAR IT. YOU WILL STILL BE HELD RESPONSIBLE FOR ANY AND ALL CHARGES.**

* _____ NOTICE: ANY ACCOUNT PUT INTO COLLECTIONS WILL BE SUBJECT TO ANY AND ALL COLLECTION FEES AS WELL AS ANY REMAINING SERVICE CHARGES TO FULFILL THE CONTRACT (IF THE CONTRACT IS TERMINATED BEFORE THE 12 MONTH MINIMUM).

* _____ UNITED CABS INC. RESERVES THE RIGHT TO CLOSE ANY ACCOUNT AT ANY TIME WITHOUT NOTICE TO ACCOUNT HOLDER IF WE DEEM IT IS NECESSARY.

* _____ THE ACCOUNT NEEDS TO BE OPEN FOR AT LEAST 1 YEAR (12 MONTHS). FROM THE DATE OF OPENING. UPON EARLY TERMINATION OF YOUR ACCOUNT YOU WILL BE BILLED FOR THE REMAINING SERVICE CHARGES UNDER THE MINIMUM YEAR PENDING.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL DURING THE HOURS OF 10 A.M. TO 3:00 P.M. MONDAY THRU FRIDAY AT 504-522-0629.

THANK YOU

Revised 7/21/2022

United Cabs Inc

1634 Euterpe St. New Orleans, LA. 70130 ■ Office; 504-522-0629 ■ Email: accts.united.cabs@gmail.com
Service: 504-522-9771

Personal Credit Application

★ FILL OUT FORM, PRINT THEN ATTACH YOUR SIGNATURE AND MAIL OR

EMAIL TO: accts.united.cabs@gmail.com ★

First Name		Last Name		Middle Int.
Social Security Number		Date of Birth	Age	Drivers License #
State of License	Home Phone	Cell Phone	Business Phone	
Home Address	City		State	Zip Code
Current Employer Name				
City				
State		Zip Code		
Billing Address				

★BY SIGNING THIS APPLICATION YOU AGREE TO THE FOLLOWING TERMS OF ALL CHARGE ACCOUNTS ARE:

★IN THE EVENT OF STATEMENTS NOT BEING PAID IN FULL BY THE TWENTIETH DAY OF EACH MONTH ALL CHARGE ACCOUNTS ARE SUBJECT TO BEING AUTOMATICALLY CLOSED WITHOUT ANY FURTHER NOTIFICATION FROM UNITED CAB CO.

★UNITED CABS INC. RESERVES THE RIGHT TO TERMINATE ANY ACCOUNT AT ANY TIME WITHOUT NOTICE.

★ALL CHARGE ACCOUNTS ARE BILLED \$10.00 EACH MONTH, AS AN ACCOUNT SERVICE CHARGE, AND THIS AMOUNT WILL APPEAR ON ALL STATEMENTS INCLUDING THE FINAL BILL. ★

★★★ACCOUNTS NEED TO BE OPEN AT LEAST A YEAR (12 MONTHS). UPON EARLY TERMINATION OF YOUR ACCOUNT YOU WILL BE BILLED FOR SERVICE THE REMAINING CHARGES OF \$10.00 PER MONTH FOR THE PERIOD.

★ YOU AUTHORIZE UNITED CAB CO. TO VERIFY ANY AND ALL CREDIT INFORMATION FOR CREDIT REFERENCES FROM ANY CREDIT REPORTING AGENCIES.

★★THERE WILL BE A \$ 25.00 SERVICE CHARGE FOR ANY N.S.F. CHECKS THAT ARE RETURNED. ★★

★PAYMENTS MAY BE MADE BY CHECKS, MONEY ORDERS OR CASHIERS CHECKS ONLY. WE DO NOT ACCEPT CREDIT CARD PAYMENTS. YOU MAY ALSO PAY CASH AT OUR OFFICE CASHIER.

YOU NEED TO UNDERSTAND THAT YOU ARE COMPLETELY RESPONSIBLE FOR ANY AND ALL ACTIVITY, CHARGES AND PAYMENT REGARDING YOUR ACCOUNT. THEREFORE YOU SHOULD NOT ISSUE THE ACCOUNT DETAILS OR ACCOUNT NUMBER TO ANYONE YOU DO NOT WANT TO HAVE IT AS YOU WILL BE HELD ENTIRELY RESPONSIBLE FOR ALL CHARGES AND ACTIVITY.

NOTICE: ANY ACCOUNT PUT INTO COLLECTIONS WILL BE SUBJECT TO ANY AND ALL COLLECTION FEES AS WELL AS ANY REMAINING SERVICE CHARGES TO FULFILL THE CONTRACT (IF THE CONTRACT IS TERMINATED BEFORE THE 12 MONTH MINIMUM).

SIGNATURE _____ DATE _____