



Application for Business/Corporate Accounts

Business Name: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Title or position with Company: _____

Bank Information:

Bank Name & Branch _____ Contact Name: _____

Phone #: _____

Credit Reference:

1) Name of company or person to contact: _____ Years: _____

Phone #: _____

2) Name of company or person to contact: _____ Years: _____

Phone #: _____

P.O. Box 69774 * Seattle, WA 98168 * Office (206) 246-9980 * Fax (206)246-8845

- STITA Taxi are independently owned and operated