CONTRACT SUBSCRIPTION TO UNITED COUPON CREDIT SERVICE

Taxi COOP Québec 525-5191		Taxi COOP Beauport 661-7711	If this request is accepted, the signatory or person organisation or company for which he (she) is authorised to sign, commits to paying the account in a delay of thirty (30)
Association Coopérative Des Taxis Québec 525-8123 / 522-2001		Association Taxi COOP Charlesbourg 626-5252	days, beginning at the date of the monthly statement by integral payment of the run and services well-rendered, plus 7% of administration fees.
Taxi Ste-Foy Sillery Association Coopérative 653-7777		Taxi COOP Loretteville Neufchâtel 842-2724	The signatory or person, organisation or company for which he (she) is authorised to sign, declares to be responsible for the loss or theft of all coupons or all coupon leaflets in his (her) possession and the outcome and prejudice incurred by this loss or theft. It is very important to mention that if an
(The information given below is confidential) Contract subscription to united coupon credit service			employee is transferred to another department, the coupon leaflet is encoded to the administrator and not the employee. It is also necessary to mention that if the responsible of your department lends a coupon to another department, the coupon will be billed to the person in charge of the leaflet.
Taker:	GOVERNMENT OF QUÉBEC GOVERNMENT OF CANADA PARA GOVERNMENT MUNICIPAL	TAXIS UNIS 496, 2e Avenue Québec, Qc G1L 3B1 Phone#: 525-4953 Fax: 525-8303	The signatory or person, organisation or company for which is authorised to sign the present demand is committed to give immediate verbal and written notice to TAXIS UNIS of all loss of theft of coupons or coupon leaflets in his (her) possession. The signatory or person, organisation or company for which is authorised to sign the present demand is committed to filling in his (her) self the coupons which may be used at the moment of the transportation by taxi and in declaring him (her) self fully responsible of the contents of all equations
	Name of organisation Or administration: Direction: In charge:		(her) self fully responsible of the contents of all coupons. The signatory or person, organisation or company for which he (she) is authorised to sign acknowledges, if the present demand is accepted, that the coupons provided, will remain the property of TAXIS UNIS and will be returned it demanded.
	Address: City: Postal Code:		Furthermore, the signatory or person, organisation or company for which he (she) if authorised to sign the present demand, acknowledges that the coupons provided by Taxis Unis can be validated only in the taxis part of TAXIS UNIS and will not be usable in all other taxi cars.
	Phone Number: Fax:	#	SIGNED AT :
	E-mail Address:		DATE:
* Pleas	ioin a copy of the certificate of ta e mention if the address of BIL s are the same, if necessary, plea	LING and of the DELIVERY of the	X Minister, president or person fully authorized to this end, for and by the president
		(Section reserved to Ta	axis Unis)

Administrator duly authorised for and to the name of the Coop

Account number: _____