

CREDIT ACCOUNT APPLICATION FORM

Tel Taxi bookings 01202 470000
Accounts only 01202 470500

Fax: 01202 496661
Email :taxi@470000.com

CREDIT TERMS company accounts: 21 DAYS FROM RECEIPT OF INVOICE
Personal accounts: 14 days from receipt of invoice

Name/company name _____

Address _____

Town & county _____ **Tel** _____

Post code _____ **Mobile** _____

VAT No (if registered) _____ **Password** _____ (OPTIONAL)

Name & Address where accounts are paid from _____

Address _____

Town & county _____ **Tel** _____

Post code _____ **Mobile** _____

Person's authorised to place orders; _____

Please open a credit account for me/us . As an authored signatory , I agree that payment of all accounts will be received by Chritax Taxis Ltd (as the supplier) within our stated credit terms and acknowledge that our adherence to this obligation is the essence of the contract between us.

Please note that personal customers will need to pay a refundable bond of £100

PRINT FULL NAME OF PERSON AUTHORISING APPLICATION _____

SIGNATURE

JOB TITLE OF SIGNATORY _____

Date of Application _____