



Account application

Company Name: _____

Business Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Contact Details

Accounts contact name: _____

Accounts contact phone: _____

Accounts contact email: _____

Usage

Approx number of taxis used in a month: _____

Approx cost of spend per month: _____

What type of account

Credit Card _____ 30 Day Credit Account _____ *(Tick as appropriate)*

Account References

Please add at least two company references

--	--

Office Use:

Passed by: _____

Date: _____