



mytaxicabs.co.uk

**CREDIT APPLICATION FORM**

**ONLINE**

<b>NEW ACCOUNT NUMBER</b>

**Finance Details**

<b>ACCOUNT NAME</b>	
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**FULL REGISTERED ADDRESS**

	POSTCODE

**COMPANY INFORMATION**

COMPANY REGISTRATION NO.	
NATURE OF BUSINESS	
NO. OF STAFF	
YEARS TRADING	

**CONTACT DETAILS**

NAME	
TELEPHONE NO.	
FAX NO.	
E-MAIL	

**ACCOUNTS DEPARTMENT CONTACT DETAILS**

NAME	
TELEPHONE NO.	
FAX NO.	
E-MAIL	

**CREDIT REFERENCE 1**

NAME & ADDRESS	
	POSTCODE
TELEPHONE NO.	
E-MAIL ADDRESS	

**CREDIT REFERENCE 2**

NAME & ADDRESS	
	POSTCODE
TELEPHONE NO.	
E-MAIL ADDRESS	

**METHODS OF PAYMENT**

DIRECT DEBIT *	YES / NO
BACS **	YES / NO
CHEQUE	YES / NO
CREDIT CARD	YES / NO

**BILLING REQUIREMENTS – PLEASE TICK**

FORTNIGHTLY		MONTHLY	
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**CUSTOMER DETAILS**

**NAME**

**POSITION**

I accept that your terms are 30 days net and hereby apply for a credit account. I accept your terms and conditions of trading are as published by the RHA (Road Haulage Association) and that the tariffs supplied to me have been calculated by the Solihull Taxi Cabs computer grid and are zoned. The mileages between these zones may at times differ from those published by some Automobile organizations. I agree to abide by them in full. I confirm that I am authorized to make this application.

<b>SIGNATURE</b>		<b>DATE</b>	
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**PEOPLE AUTHORISED TO BOOK**

<b>TICK FOR ONLINE BOOKING &amp; REPORTING</b>	
Have you previously had an account with us?	YES / NO
Do you have any other accounts with Solihull Taxi Cabs?	YES / NO
If YES, what is your account number?	
Is a reference required with each booking?	YES / NO
If YES, please list? E.g. security code, purchase order number etc	

\* Information will be e-mailed on account activation  
 \*\* Our Bank Details are available upon request  
 Please call back to 01213693333