



Eurotaxis
CUSTOMER CREDIT
ACCOUNT APPLICATION



Please tick the box indicating that you have read and agree to our terms and conditions at www.eurotaxis.com/terms-and-conditions

Some services are subject to VAT at the standard rate.

NAME AND BUSINESS DETAILS	
Business Name:	
Operating Address:	
	Postcode:
Telephone:	Email:
Trading Style:	<input type="checkbox"/> PLC <input type="checkbox"/> Ltd <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Academic <input type="checkbox"/> Other (specify)
Company Reg. No:	VAT No:
Nature of Business:	Number of Employees:
How long established:	Amount of Credit Requested:

INVOICE ADDRESS (If different to above)
Address:
Postcode:

ACCOUNTS PAYABLE CONTACT DETAILS	
Contact Name:	
Address:	
Postcode:	
Telephone:	Email:

BOOKING AUTHORISATION PASSWORD
We take your account security seriously so when you make a telephone booking, we may ask you to quote your account number and a password. Your password should be updated regularly and also when you have changes of personnel.
Please quote the telephone booking PASSWORD you would like to use:

YOUR ACCOUNTING PROCESS:	
Are Purchase Orders required by your organisation? (Yes / No)	Do you need to us to record Cost or Department Codes with each booking? (Yes / No). If Yes, please provide details below.
Please specify any special invoicing / accounting / booking requirements:	

DECLARATION:	
I / We agree to Eurotaxis' standard terms and conditions as set out on their website at www.eurotaxis.com/terms-&-conditions	
Authorised Signature:	Date:
Name:	Position:

BANK REFERENCE:	
Bank Name:	
Bank Address:	
	Postcode:
Sort Code:	Account No:
CUSTOMER AUTHORISATION : To the above named bank: I/we hereby authorise you to provide a reference on me/us in response to any requests you may receive from Eurotaxis or its subsidiaries, subject to the payment of any related fee by the originator, without further reference to me/us. This authority shall remain in force unless and until cancelled by me/us in writing.	
Authorised Signature:	Date:
Name:	Position:

Send your completed form to: Eurotaxis Limited, Dead Road, Yate, BS37 5NH or email: accounts@eurotaxis.com

Office Use: Approved (Yes / No)	Booking Account No:	Sage Account No:
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