



# 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](http://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.
<b>Please quote the telephone booking PASSWORD you would like to use:</b>

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 <a href="http://www.eurotaxis.com/terms-&amp;-conditions">www.eurotaxis.com/terms-&amp;-conditions</a>	
Authorised Signature:	Date:
Name:	Position:

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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](mailto:accounts@eurotaxis.com)**

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