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Essex SS14 3ET

Tel: +44(0)1268 555 555
Fax: +44(0)1268 290 310
Email: accounts@abtaxis.co.uk

Credit Account Application Form

Company name:	Type of business:
VAT registered: YES/NO	VAT no:
Invoicing address:	Registered address (if different from invoicing address):
.....
Postcode:	Postcode:
Contact name:	Contact name:
Tel no:	Tel no:
Fax no:	Fax no:
Email address:	Email address:

Account Information

Authorised callers:	Password (optional):
.....	Maximum credit required: £.....
.....	
.....	

Additional Information

If you wish to pay your invoice by credit card

Card holder name:

Card no:

Valid from: Expiry date: Issue no: Security code:

Online Booking Registration

User Name:

Password:

Authorised signatory only to complete this section

I/We hereby request to open a credit account. I/We agree to abide by your credit terms, which require payment within thirty days of invoice date.

Signature: Date:

Print Name: Position:

Please fax back to 01268 290310