

Corporate Account Application Form

Please complete all sections of the form sign,
and return by email or post



Company Name _____

Address _____

City _____ Postcode _____

Telephone _____ Fax _____

Principal Contact for Correspondence _____ E-mail Address _____

Company Registration Number _____

Authorised Users

Title	Initials	Surname	Title	Initials	Surname

Invoicing Details (if different from above)

Address _____

_____ Postcode _____

Telephone _____ Fax _____

Principal Contact for Correspondence _____ E-mail _____

Do you wish to use a reference for each journey **Yes/No**

Trade References

Company Name _____	Company Name _____
Address _____	Address _____
Postcode _____	Postcode _____
Telephone _____	Telephone _____
Mobile _____	Mobile _____
Fax _____	Fax _____

Please also attach a sheet of your company headed paper with this application.

Thame Taxis charges per journey

Credit limit (please indicate your desired level of credit) £ _____
VAT is charged at the standard rate on the journey cost (VAT at 20%)

I agree to be bound by the terms & conditions

I agree that this application form may be used as part of a credit check undertaken by Thame Taxi

Signature of applicant _____ print name _____

Position _____ Date _____

OFFICE USE ONLY

AC NO	CREDIT ANALYSIS CODE REFERENCE	DATE OPENED CREDIT LIMIT CODE

