



CITY CABS

— 01273 205 205 —

REQUEST FOR ACCOUNT FACILITIES

COMPANY INFORMATION	
NAME OF COMPANY:	
ADDRESS:	
POSTCODE:	
TEL:	FAX:
CONTACT NAME:	POSITION IN COMPANY:
NAME AND ADDRESS FOR INVOICES/QUERIES (IF DIFFERENT FROM ABOVE):	
TRADE REFERENCES	
NAME:	NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
TEL:	TEL:
FAX:	FAX:
COMPANY BANK DETAILS	
BANK NAME:	
BANK ADDRESS:	

APPROXIMATE MONTHLY EXPENDITURE: £

TAXIS TO BE USED FOR PASSENGERS/PARCELS (DELETE WHERE NECESSARY)

Taxi vouchers can be issued by City Cabs for use in conjunction with the account and reference to these vouchers will be made on the invoice.

I/We understand that a small service charge will be made for the account facility and that VAT is payable on the invoice.

PAYMENT TERMS: STRICTLY 30 DAYS

City Cabs reserve the right to cancel the account facility due to late payment of invoices.

Signed: Date:

Print Name: