

Credit Account Application Form for Account with Oxford City Cars

Company Information

Company Name

Address:

Postcode:

Contact Name:

Telephone No:

Fax No:

E-Mail Address:

Billing Details (invoice address)

Address:

Postcode:

Contact Name:

Telephone No:

Fax No:

E-Mail Address:

Order Number (for Invoice):

Preferred Billing Period Weekly Monthly

Main Pickup Details

Pick up #1

Pickup Name (i.e Reception):

Building Name/No:

Street No./Name:

City:

Post Code:

Additional Instructions:

Ltd Co. LLP Partnership Sole Trader

Company Reg.No.

If not a Limited Company give name of Proprietor or Partners:

Nature of Business:

No.of Years Trading:

Expected annual Turnover £'s:

Anticipated Monthly Credit Limit:

Booking Authorisation

Please tell us the information that must be given when a booking is made. These references of charge codes will be shown on Invoice

Password and/or PIN

References - Charge Code, Department, Case file no. etc:

Authorised Users (or other info):

Pickup Name (i.e Reception):

Building Name/No:

Street No./Name:

City:

Post Code:

Additional Instructions:

Pick up #1

Fax to 01865 20 20 00

Oxford City Cars Co. Reg. 7936050 - 49/51 Jeune Street, Oxford, OX4 1BN

Tel: (01865) 70 30 30 / 70 30 70 / 70 33 33

References

Only complete company references if not a limited company

Company Reference 1

Company Name:

Address:

Postcode:

Telephone No:

Fax No:

Company Reference 2

Company Name:

Address:

Postcode:

Telephone No:

Fax No:

Bank Details (for reference only)

Bank Name:

Address:

Postcode:

Sort Code:

Account No:

No of Years at this bank:

Preferred Payment Method: BACS Cheque

General

Do you hold an account with another taxi company? Yes No

Previous / Current Taxi Supplier:

I/We agree to comply with the terms and conditions of business as applied to credit account facilities with Oxford City Cars

Signed:

Print Name:

Position:

Date:

Office Use:

Account Number:

Short Name / Payment Ref:

Invoice Period:

Invoice Style:

Notes:

Account Setup Checklist

A/C Agreed A/C Restrictions Set

Invoice type / Period Agreed Welcome email sent

A/C Set up on Invoice System Contact Details on file

E-mail account added to Customer Distribution list

Fax to 01865 20 20 00

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