



# BLUELINE TAXIS

## Corporate Account Application Form

Full Company Name:

Address:

Post Code:

Telephone No:

Fax No:

E-mail Address:

Registered Office Address if Limited Company:

Company Reg No:

VAT Registration No:

How Long Trading:

Trade Reference (1)

Trade Reference: (2)

Name:

Name:

Address:

Address:

Telephone No:

Telephone No:

Contact Name:

Contact Name:

### ACCOUNT INFORMATION

Would you like a Password:

Yes/No

Password if Yes:

Name of Person(s) Authorised to Book Taxis:

Taxi Usage (please circle):      Daily / Weekly / Monthly / Yearly / Other

Taxi Trips (please circle):      Local Trips / Airports / Long Distance / Other

Estimated Monthly Credit Limit:      £

We hereby apply to open an account with Blue Line Taxis, and confirm that we have accepted their 30 day terms and conditions on monthly invoice payments. All Corporate account fares incur plus VAT at 20%.

Signed:

Date:

Name:

Position

### For Blue Line Travel use only:

Authorised by:

Account No:

Date Received:

Date Opened: