

Personal Account Application

Personal Account Details

Full Name:			
Address:	Street		
	Address Line 2		
	City Postcode		
How Long at Address:			
Home Number:			
Mobile Number:			
E-mail Address:			
Invoice address if different from above:			
Account Information			
Would you like a password?	Yes / No		
Password:			
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:	£		



I/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.		

Signed: Name:	Date: Position:	
For Bl	ue Line Use Only	
Authorised B Date Application Received Account N Date Opene	d:	

Notes