

TOP CABS TORBAY LTD

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name		Date business commenced	
Name		Reg No. if Limited Company	
Position in company		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, Post code			

ACCOUNTS INFORMATION		
Accounts contact name		
Phone		
Fax		
E-mail		

Home Address		Phone	
City,		Mobile	
Post Code		E-mail	

AGREEMENT

1. If a monthly account is opened, all invoices are to be paid by 30 days month end from the date of the invoice unless otherwise agreed.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application you Authorise Top Cabs Torbay Ltd to make enquiries using a credit reference agency.
4. All accounts opened are subject to our Term's & Conditions,

SIGNATURES			
Customer Signature		Offices Signature	
Name and Title		Name and Title	
Date		Date	

Office use only

