



Tel: 01732 75 35 35

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Email: info@ashlintaxis.com

Web: <http://www.ashlintaxis.com/>

Account Application Form

Account Type (please Tick)		
<input type="checkbox"/> Corporate	<input type="checkbox"/> Personal	<input type="checkbox"/> Both
Name:		Email:
Phone:		Mobile:
Address:		

Company Details	
Company Name:	Trading As:
Registered Address:	
Trading Address	
Phone:	Mobile
Email:	

Account Department Contact	
Name:	Position
Phone:	Mobile
Email:	Estimated Use (£)

People Authorised to make Booking	
Name 1:	Position:
Phone:	Email:

Name 2:	Position:
Phone:	Email:
Name 3:	Position:
Phone:	Email:

Payment Options/Terms

All Payment Must Be Made Within 15 Days Of Invoice Or Within The Due Date Of Invoice.
Please See our Full Terms and Condition On Our Website: <http://www.ashlintaxis.com/> Pay
online via our website: <http://www.ashlintaxis.com/>

Please Tick Appropriate Box:

- ☐ I/we wish to settle monthly invoices by company credit/debit card
- ☐ I/we wish to settle monthly invoices by personal credit/debit card
- ☐ I/we wish to settle monthly invoices by online bank transfer (Bank details on request)
- ☐ I/we wish **AshLin Taxis** to take our payment within seven days of invoice has been issued

Credit/Debit Card Details

Card Type (Master, Visa, Amex ets):		
Card Number:	Valid From:	Expire:
SVG Code:	Post Code (as registered with the card):	

I authorize you, until further notice in writing to **AshLin Taxis** to change my credit / debit card account with unspecified amounts on or after the 15 day of each month or due after the day in respect of **AshLin Taxi** Services. I understand that an invoice for the month will be issued on the beginning of each month; any queries should be raised as soon as possible. I will advice you in writing if the card becomes lost, stolen or if close my card account or my card expires. All account are subject to a 7% service and administration charge.

Cardholders Signature:	Date:
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I/we accept that your payment terms are 15 days net or the due date appear on invoice and hereby apply for a credit account.

I/we confirm that I/we are authorised to make this application.

I/we apply for credit facilities and agree to the terms and condition.

Name:	Position:
Signature:	Date:

What to do next?

Post or email your application form back to us and you will receive confirmation shortly.

AshLin Taxis

STATION HOUSE, STATION RD, OTFORD, SEVENOAKS, TN14 5QY
