ACCOUNT NUMBER

Official use only

KINGSTON MINICABS CARS LIMITED

39 Walter Street, Kingston upon Thames, Surrey KT2 5DS Tel: 0208 390 3000 www.KingstonMinicabsCars.co.uk

CREDIT APPLICATION FORM

ACCOUNT NAM	E					
WEBSITE						
COMPANY REGISTERED ADDRESS		COMPANY INFORMATION				
			COMPANY REGISTRATION N	О		
		NATURE OF BUSINESS	NATURE OF BUSINESS			
POST CODE			No. OF USER(s)	YEARS TRADING		
				,		
ADMIN CONTACT DETAILS			ACCOUNT DEPART	ACCOUNT DEPARTMENT CONTACT DETAILS		
NAME			NAME			
POSITION			TELEPHONE No			
TELEPHONE No			FAX No			
E-MAIL			E-MAIL			
CREDIT REFERENCE 1			CREDIT	CREDIT REFERENCE 2		
NAME & ADDRESS		NAME & ADDRESS				
POST CODE			POST CODE			
TELEPHONE No			TELEPHONE No			
E-MAIL			E-MAIL			
METHODS OF PAYMENT		INVOICE REQU	INVOICE REQUIREMENT – Please Tick			
DIRECT DEBIT		YES / NO	FORTNIGHTLY	MONTHLY		
BACS		YES / NO				
CHEQUE		YES / NO	AUTHOR	AUTHORISED PERSON(s)		
DEBIT / CREDIT CARD YES / NO		YES / NO				
	CUSTOME	R DETAILS				
NAME		How much monthly credit lin	How much monthly credit limit required? £			
POSITION			Have you previously held an a	Have you previously held an account with us? YES / NO		
TELEPHONE No				1		
			nt. I accept your terms and conditions of trading			

I accept that your terms are 30 days net and hereby apply for a credit account. I accept your terms and conditions of trading as published by the Kingston Minicabs Cars Limited and that the fares supplied to me have been calculated by the despatch system. The mileages may differ according to slow and fast routes and Kingston Minicabs Cars Limited cannot guarantee any time between pick up and destination as it depends on road, traffic and weather conditions. I agree that all fares are subject to 10% Administration Charges. I agree to abide by them in full. I confirm that I am authorized to make this credit application.

SIGNATURE: DATE: