



01252 616149
www.harttaxi.com

ACCOUNT APPLICATION FORM

Company Trading Name _____

Proprietors Name (If Sole Trader) _____

Names Of Partners _____

Company Registration No _____

VAT Registration No _____

Address _____

Post Code _____ Tel No _____ Fax No _____

Web Site _____ E-Mail _____

Contact Name _____ Position _____

Number of year's established _____ Monthly credit required _____

Authorised Signature _____ Date _____

Invoice Details (If different from above)

Company Name _____

Contact Name _____

Address _____

Post Code _____ Tel No _____ Fax No _____

Trade Reference

Company Name _____ Telephone No _____

Address _____

Bankers Details

Account Name _____

Account No. _____ Sort Code _____

Name of Bank _____

Bank Address _____

Please note all invoices are to be paid in full within 30 days from date of invoice.

Office Use Only