

STATION TAXIS (SUNDERLAND) LTD.
11 RIVERSIDE ROAD, SOUTHWICK, SUNDERLAND, SR5 3JG
TEL: 0191 516 5070 FAX: 0191 516 5071

CREDIT ACCOUNT APPLICATION

PLEASE ENCLOSE A SAMPLE OF YOUR CURRENT LETTER HEADING WITH THIS FORM.

Full Account Name: _____

Registered Office Address: _____

_____ Post Code: _____

Tel: _____ Fax: _____

Invoice Address: _____

(If different from above)

_____ Post Code: _____

Nature of Business: _____

Established: _____ Years V.A.T. Registration No: _____

Contact Name: _____

Bank: _____

Address: _____

Sort Code: _____ Account No: _____

Monthly Credit Required: £ _____

I/We hereby request that a credit account be opened for me/us in accordance with the above particulars and I/We confirm that payments will be made in full within thirty days of the date of Invoice on account. I/We have read and understand the Terms & Conditions attached and I/We acknowledge that an administration surcharge of approximately 5% will be added to the cost of each journey charged to my/our account. I/We also acknowledge that all charges will be subject to V.A.T at the standard rate of 20%.

Signed: _____ Position: _____

Printed Name: _____ Date: _____