



CREDIT APPLICATION FORM

ONLINE

NEW ACCOUNT NUMBER

Finance Details

ACCOUNT NAME	
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FULL REGISTERED ADDRESS

	POSTCODE

COMPANY INFORMATION

COMPANY REGISTRATION NO.	
NATURE OF BUSINESS	
NO. OF STAFF	YEARS TRADING

CONTACT DETAILS

NAME	
TELEPHONE NO.	
FAX NO.	
E-MAIL	

ACCOUNTS DEPARTMENT CONTACT DETAILS

NAME	
TELEPHONE NO.	
FAX NO.	
E-MAIL	

CREDIT REFERENCE 1

NAME & ADDRESS	
	POSTCODE
TELEPHONE NO.	
E-MAIL ADDRESS	

CREDIT REFERENCE 2

NAME & ADDRESS	
	POSTCODE
TELEPHONE NO.	
E-MAIL ADDRESS	

METHODS OF PAYMENT

DIRECT DEBIT *	YES / NO
BACS **	YES / NO
CHEQUE	YES / NO
CREDIT CARD	YES / NO

BILLING REQUIREMENTS - PLEASE TICK

FORTNIGHTLY		MONTHLY	
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PEOPLE AUTHORISED TO BOOK

CUSTOMER DETAILS

NAME

POSITION

I accept that your terms are 30 days net and hereby apply for a credit account. I accept your terms and conditions of trading are as published by the RHA (Road Haulage Association) and that the tariffs supplied to me have been calculated by the AAP Taxis computer grid and are zoned. The mileages between these zones may at times differ from those published by some Automobile organizations. I agree to abide by them in full. I confirm that I am authorized to make this application.

SIGNATURE		DATE	
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TICK FOR ONLINE BOOKING & REPORTING	
Have you previously had an account with us?	YES / NO
Do you have any other accounts with AAP Taxis?	YES / NO
If YES, what is your account number?	
Is a reference required with each booking?	YES / NO
If YES, please list? E.g. security code, purchase order number etc	

* Information will be e-mailed on account activation

** Our Bank Details are available upon request

Please call back to 01225706133