

NEW ACCOUNT NUMBER

CREDIT APPLICATION FORM

ONLINE

Finance Details

ACCOUNT NAME

FULL REGISTERED ADDRESS

POSTCODE

CONTACT DETAILS

NAME

TELEPHONE NO.

FAX NO.

E-MAIL

CREDIT REFERENCE 1

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

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 AtoB Watord 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

COMPANY INFORMATION

COMPANY REGISTRATION NO.

NATURE OF BUSINESS

NO. OF STAFF

YEARS TRADING

ACCOUNTS DEPARTMENT CONTACT DETAILS

NAME

TELEPHONE NO.

FAX NO.

E-MAIL

CREDIT REFERENCE 2

NAME & ADDRESS

POSTCODE

TELEPHONE NO.

E-MAIL ADDRESS

BILLING REQUIREMENTS – PLEASE TICK

FORTNIGHTLY

MONTHLY

PEOPLE AUTHORISED TO BOOK

TICK FOR ONLINE BOOKING & REPORTING

Have you previously had an account with us?

YES / NO

Do you have any other accounts with AtoB Watord 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 0000 000 0000