



**NEW ACCOUNT NUMBER**

**CREDIT APPLICATION FORM**

**ONLINE**

**Finance Details**

**ACCOUNT NAME**

**FULL REGISTERED ADDRESS**

**COMPANY INFORMATION**

COMPANY REGISTRATION NO.

NATURE OF BUSINESS

NO. OF STAFF

YEARS TRADING

POSTCODE

**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

**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 Reliance Taxis computer grid and are zoned.

The mileages between these zones may at times differ from those published by some automobile organisations. I agree to abide by them in full. I confirm that I am authorised to make this application.

**SIGNATURE**

**DATE**

TICK FOR ONLINE BOOKING & REPORTING

Have you previously had an account with us?

YES / NO

Do you have any other accounts with Reliance Taxis?

YES / NO

If YES, what is your account number?

Is a reference required with each booking?

YES / NO

If YES, please list? Eg. security code, purchase order number etc

\* Information will be emailed on account activation

\*\* Our Bank Details are available upon request

Please call back to 01474 567 567