

Corporate Account Application Form



Please complete all sections of the form sign, and return to:
Account Application, Classic Cabs15, Main St. Baldoyle Dublin 13

Company Details

Company Name _____

Address _____

City _____

Postcode _____

Telephone _____

Fax _____

Principal Contact for Correspondence _____

E-mail Address _____

Company Registration Number _____

Authorised Users

Title	Initials	Surname	Title	Initials	Surname

Invoicing Details (if different from above)

Address _____

Postcode _____

Telephone _____

Fax _____

Principal Contact for Correspondence _____

E-mail Address _____

Do you wish to use a reference for each journey **Yes/ No**
(If yes, please contact the admin office to discuss security numbers)

Trade References (for business account applications only)

Company Name _____

Company Name _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone _____

Telephone _____

Mobile _____

Mobile _____

Fax _____

Fax _____

Please also attach a sheet of your company headed paper with this application.

Classic cabs charges per journey

Meter (cost of the journey)

Credit limit (Please indicate your desired level of credit) _____

Administration fee: 17.5%

Driver gratuity: Passenger discretion

VAT is charged at the standard rate on the administration fee only.

I agree to be bound by the terms and conditions

I agree that this application form may be used as part of a credit check undertaken by Classic Cabs and /or their nominated agents

Signature of applicant _____

Print name _____

Position _____

Date _____

Telephone (Administration Office 01 8390122

Email info@classiccabs.net

www.classiccabs.net

OFFICE USE ONLY

AC NO

CREDIT ANALYSIS CODE

DATE OPENED

REFERENCE

CREDITLIMITCODE

