



CENTRAL TAXIS

Corporate Account Application

Name of Organisation

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If Limited Company: Registered Name & Office Address

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Director's Name & Address:

.....
.....

Registration Number

Date of Incorporation

If Sole Trader or Partnership: Name & Office Address

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.....

Expected Expenditure per month?

Account Contact:

Position Held:

Contact E-mail Address (for Invoicing):

Contact Number:

Promotional Code (Optional):

Signature **Print Name**

Date

Central Taxis
15 Bankhead Drive Edinburgh EH11 4DW
0131 221 2230
accounts@taxis-edinburgh.co.uk



OFFICE USE ONLY

Date Account Opened

Booking Code Number Account Number

Authorised By

Invoicing:

Invoices will be sent to account holder by e-mail and payment will be taken by Direct Debit. Please ensure you have completed the Direct Debit Mandate below.

If any of the details provided should change please notify accounts@taxis-edinburgh.co.uk or 0131 221 2230

Payment must be made 14 days after the billing date (for Direct Debit payment we will debit the authorised account 14 days after the billing date).

Use of this account will be suspended in the event of non-payment.



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