



# Corporate Account Application

**CENTRAL TAXIS**

**Name of Organisation**

.....

**If Limited Company: Registered Name & Office Address**

.....  
.....

**Director's Name & Address:**

.....  
.....

**Registration Number** .....

**Date of Incorporation** .....

**If Sole Trader or Partnership: Name & Office Address**

.....  
.....

**Expected Expenditure per month?** .....

**Account Contact:** .....

**Position Held:** .....

**Contact E-mail Address (for Invoicing):** .....

**Contact Number:** .....

**Signature** .....

**Print Name** .....

**Date** .....

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

**\*\* Email this form to [accounts@taxis-edinburgh.co.uk](mailto:accounts@taxis-edinburgh.co.uk) \*\***



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