



A Seamless Blend of Land & Air[®]



CREDIT ACCOUNT APPLICATION

COMPANY INFORMATION

Company Name: _____ Registration Number: _____

Trading Address: _____

City: _____ County/State: _____ Postcode/Zip: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of person opening account: _____

Position Held: _____

Business Type: Limited Company Sole Trader Partnership

If Partnership give Full Names and Home addresses of ALL partners (Use a separate sheet if necessary)

1) _____

2) _____

BOOKING AND INVOICING INFORMATION

Invoicing Contact Name: _____

Position Held: _____

Telephone: _____ Email: _____

Persons authorised to make bookings:

Name: _____ Name: _____

Name: _____ Name: _____

Estimated Monthly Spend: _____

Preferred payment method: Cash Bank Transfer Credit Card

If preferred payment method is bank transfer, please enter bank details below:

Bank Name: _____

Bank Address: _____

City: _____ County/State: _____ Postcode/Zip: _____

Account Number: _____ Sort Code: _____ Account Manager: _____

If preferred payment method is credit card, please enter details below:

Card Type: Visa Mastercard American Express

Card Number: _____ Exp: _____ Start: _____ Sec: _____

Name as it appears on card: _____ Signature: _____

Please state the name, address and contact details of two principle suppliers for reference purposes:

Supplier 1: Company Name _____ Contact Name: _____

Address: _____

City: _____ County/State: _____ Postcode/Zip: _____

Telephone: _____

Supplier 2: Company Name _____ Contact Name: _____

Address: _____

City: _____ County/State: _____ Postcode/Zip: _____

Telephone: _____

Terms and Conditions: I Agree I Disagree

Payment Terms: 21 days from invoice issue I Agree I Disagree

Signed: _____ Name: _____

Date: _____ Position: _____

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