



est. 1971

6 Washington Street West, Cork. Email: accounts@corktaxi.ie

CREDIT ACCOUNT - APPLICATION FORM

We provide our Credit customers with a fast and reliable service throughout the region.
Taxis can be booked by Telephone, Email, App or Web Booking.

Company Name: _____

Address: _____

Is the above Name and Address to be on Invoice? YES NO

Contact Name for person responsible for account: _____

Email for above person: _____

Invoices / Statements to be emailed to: _____

Is a P.O. required? YES NO

Is this P.O. Yearly / Monthly? Y M

Do you hold an account with another taxi company? YES NO

Previous taxi supplier: _____

I / We agree to comply with the terms of business as applied to credit account facilities

- 30 days from day of invoice.

Standard Tariff Charges as per National Taxi Fare Structure

Signature: _____

Date: _____

Position: _____

Preferred payment method:

1. Business Cheque

2. Credit Card

3. Bank Transfer

For Office use Only

Date Submitted:

Date Approved:

Account No.:

Credit Limit:

Authorised By:

