



CREDIT APPLICATION FORM

ONLINE

NEW ACCOUNT NUMBER

Finance Details

ACCOUNT NAME	
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FULL REGISTERED ADDRESS

	POSTCODE
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COMPANY INFORMATION

COMPANY REGISTRATION NO.			
NATURE OF BUSINESS			
NO. OF STAFF		YEARS TRADING	

CONTACT DETAILS

NAME	
TELEPHONE NO.	
FAX NO.	
E-MAIL	

ACCOUNTS DEPARTMENT CONTACT DETAILS

NAME	
TELEPHONE NO.	
FAX NO.	
E-MAIL	

CREDIT REFERENCE 1

NAME & ADDRESS	
	POSTCODE
TELEPHONE NO.	
E-MAIL ADDRESS	

CREDIT REFERENCE 2

NAME & ADDRESS	
	POSTCODE
TELEPHONE NO.	
E-MAIL ADDRESS	

METHODS OF PAYMENT

DIRECT DEBIT *	YES / NO
BACS **	YES / NO
CHEQUE	YES / NO
CREDIT CARD	YES / NO

BILLING REQUIREMENTS – PLEASE TICK

FORTNIGHTLY		MONTHLY	
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CUSTOMER DETAILS

NAME
POSITION

I accept that your terms are 30 days net and hereby apply for a credit account. I accept your terms and conditions of trading are as published by the RHA (Road Haulage Association) and that the tariffs supplied to me have been calculated by the B Cabs computer grid and are zoned. The mileages between these zones may at times differ from those published by some Automobile organizations. I agree to abide by them in full. I confirm that I am authorized to make this application.

SIGNATURE		DATE	
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PEOPLE AUTHORISED TO BOOK

TICK FOR ONLINE BOOKING & REPORTING	
Have you previously had an account with us?	YES / NO
Do you have any other accounts with B Cabs?	YES / NO
If YES, what is your account number?	
Is a reference required with each booking?	YES / NO
If YES, please list? E.g. security code, purchase order number etc	

* Information will be e-mailed on account activation
** Our Bank Details are available upon request
Please call back to 028 9099 9000