



ACCOUNT APPLICATION FORM

Please fill in the details below and fax your completed form to 01494 478922 or e-mail info@tigertaxisltd.co.uk

Contact name: _____

Company name: _____

Billing Address: _____

_____ Postcode: _____

E-mail: _____

Website: _____

Tel No: _____ Fax No: _____

How many years have you been at this address? _____

If less than 3 years please provide previous address: _____

_____ Postcode: _____

Company Registration No: _____ VAT No: _____

Please provide a suitable company/bank reference:

Banking details:

Bank and address _____

Account No: _____ Sort Code: _____

Signature: _____

Position: _____ Date: _____

Terms and conditions are available on request. We may take references from credit reference agencies.
We reserve the right to refuse the application.