

AIRPORT TRANSFERS COMPANY

144-157 St John Street, London EC1 4PY

CREDIT ACCOUNT APPLICATION FORM

Company Name:
Company Registration No: VAT No:
Company Type (Ltd / PLC / Sole Trader / Partnership / Charity):.....
Full Address:
..... Post Code:
Registered Office Address (if different from above).....
..... Post Code:
Telephone No: Fax:
Mobile No: Email Address:
Directors Full Name:
Date of Company Formation: Trading Nature Of Business:
Company Bank Name: Account Name:.....
Branch Address:
..... POST CODE:.....
Bank Sort Code...../...../..... Bank Account No:
Turnover Approx: Estimated Monthly Usage:
Person responsible for paying account invoices:
Tel No: Position in Company:
Signed: Position:

PLEASE COMPLETE AND FAX TO

Email: accounts@airporttransferscompany.com

Fax : +44 (0) 844 588 3488

OFFICE USE ONLY

Account No: Date Opened:.....
Credit Limit:..... Terms :