

CREDIT APPLICATION FORM

ECPH Account (Office Use Only)

New account number

Account name

Contact details

Name

Position

Telephone no.

Fax no.

Email

Billing requirements - please tick

Fortnightly Monthly

Methods of payment - please tick

Direct Debit* BACS**

Cheque Credit Card

People authorized to book (If Applicable)

Customer details

Name

Position

I accept that I am authorized to enter this agreement on behalf of the company noted above. By signing this agreement I acknowledge acceptance of East Coast Private Hires LTD & Conditions of Business.

Signature Date

Company information

Company registration no.

Company name

Company registered address

Postcode

Trading address (if different)

Postcode

Nature of business

VAT registration number

Accounts department contact details

Contact Name

Contact Position

Telephone no.

Fax no.

Email

Tick for online booking & reporting

Have you previously had an account with us?

Do you have any other accounts with ECPH?

If YES, what is your account number?

Is a reference required with each booking?

If YES, please list? E.g. transfer code, purchase order number etc.

Will you issue a purchase order before billing?

*** INFORMATION WILL BE E- MAILED ON ACCOUNT ACTIVATION**

**** OUR BANK DETAILS ARE AVAILABLE UPON REQUEST 01728 599300**

info@eastcoastprivatehires.co.uk