



We care for your comfort

# AIRPORT PICKUPS LONDON

## APPLICATION FOR CREDIT ACCOUNT

Limited Company       Sole Trader      (Please Tick)

Company Name:	_____		
Nature of business:	_____		
Address:	_____		
Post Code:	_____	*Registration No:	_____
Tel:	_____	Fax:	_____

## CONTACT DETAILS

Contact Name:	_____		
Job Title:	_____		
Department:	_____		
Telephone No:	_____		
	<input type="checkbox"/> Use this number for booking related enquiries		
Email:	_____		
	<input type="checkbox"/> Send monthly electronic invoices to this address		

### The amount of monthly credit you require

Approx. spend (£)

Provide an estimate of how much you anticipate spending with Airport Transportation Ltd. in any given month

I hereby Authorise Airport Transportation Ltd. to obtain references from the as and when appropriate. I agreed to abide by the terms and conditions as set out by Airport Transportation Ltd. Which include that all invoices are due to be paid with 30 days from the date of invoice and that a purchase order must be given for services rendered.

I declare I have authority to apply for credit limit of £ .....on behalf of the company.

Signed.....Printed Name.....

Position.....Date.....

**Please Complete in full and fax to +44 208 684 9418**