



AVA RIDE

AvaRide Taxis
9 Seymour Street, Chorley
Lancashire, PR6 0RR

ACCOUNT APPLICATION FORM

COMPANY DETAILS

Company Name:			
Address:			
City/Town:		Post Code:	
Telephone:		Email:	
Company Registration Number:			

AUTHORIZED USERS

Title:		First Name:		Surname:	
Title:		First Name:		Surname:	
Title:		First Name:		Surname:	

INVOICING DETAILS (If different from the above)

Name:			
Address:			
City/Town:		Post Code:	
Telephone:		Email:	

CONTACT DETAILS

Title:		Name:	
Address:			
City/Town:		Post Code:	
Telephone:		Email:	

ADDITIONAL ACCOUNT INFORMATION

Estimated Weekly Usage:	
Purpose Of Account:	

PAYMENT OPTIONS / TERMS

*All payments MUST be made within 14 days of invoice

Please tick appropriate box: Cash Card Bank Transfer

Please add any additional information on a blank sheet.

DECLARATION

Signature of applicant: _____ Print name: _____

Position: _____ Date: _____