



667 0 777

*49 Western Parkway Business Park, Lower Ballymount Road, Dublin 12
Accounts Department: 00353-1-4294058*

ACCOUNT CUSTOMER DETAILS

COMPANY NAME _____

COMPANY ADDRESS _____

NATURE OF YOUR BUSINESS _____

ACCOUNT MANAGER _____

ACCOUNT ADMINISTRATOR _____

DIRECT LINE: _____

EMAIL ADDRESS _____

I/we undersigned, hereby agree to Xpert Digi Taxis credit terms of full payment within 30 days from the previous month end. We agree to fully comply with the standard terms and conditions of Xpert Digi Taxis. Please note that our accounts dept. must be notified of any invoice queries within a ten day period of receipt of invoice.

SIGNED _____

PRINT NAME: _____

POSITION _____

DATE _____

OFFICE USE ONLY

ACCOUNT No. _____

PIN No _____

ADMIN TERMS _____

BILLING PERIOD _____