



**667 0 777**

C 10 The Exchange, Calmount Business Park, Dublin 12. Ireland.

### **ACCOUNT CUSTOMER DETAILS**

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**BUSINESS DESCRIPTION:** \_\_\_\_\_

**ESTIMATED MONTHLY SPEND:** \_\_\_\_\_

**ACCOUNT MANAGER:** \_\_\_\_\_

**DIRECT LINE :** \_\_\_\_\_

**MAIN RECEPTION PHONE NO:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Name of a Corporate Credit Reference:** \_\_\_\_\_

**BANK DETAILS** \_\_\_\_\_

*I/we undersigned, hereby agree to Xpert Digi Taxis credit terms of full payment within 30 days from invoice date. 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. Responsibility lies with the customer to always quote their account number at time of booking.*

**SIGNED** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

**POSITION** \_\_\_\_\_ **DATE** \_\_\_\_\_

### **OFFICE USE ONLY**

**ACCOUNT NO.** \_\_\_\_\_

**ADMIN TERMS** \_\_\_\_\_

**BILLING PERIOD** \_\_\_\_\_