



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 _____

ADDITIONAL INFORMATION FOR DISPATCH CENTRE

