

APPLICATION TO SET UP AN ACCOUNT (PLEASE USE BLOCK LETTERS)

Company Name:		Telephone:				
Company Address: (Where invoice will be sent)		Fax: Name & Address of a Corporate Credit Reference:				
Main Account Administrator:		Estimated Annual Taxi Spend: € Type of Account Required: Credit Account: □				
Accounts Contact:		Prepaid Deposit: Prepaid Credit Card:		Deposit Paid: € Card No: Expiry Date: CV2 No		
Nature of your Business: Email Address (Where invoice will be sent):			cing Required ightly	FOR OFFICE US A/c approved: Admin:		<u> </u>
Are you interested in our Internet Booking Facility? Yes: No: Terms & Conditions: I/we, the undersigned, hereby agree to National Radio Cabs plc credit terms of from receipt of invoice. In addition to this we also accept the 10% administration in the condition of the cond			e.	To Be Complete Signed:		
Responsibility lies with customer to always quote their account number at time of base SEPA Direct Debit Mandate: Creditor Identifier: IE64ZZZ303751 Unique Mandate Reference: Please complete all the fields below marked*, then return the form to us; *Your Name: Your Address: *City / Postcode: *City / Postcode:			Legal Text: By signing this mandate form, you authorise (A) National Radio Cabs to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from National Radio Cabs. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which you account was debited. Your rights are explained in a statement that you can obtain from your bank.			
*Country: *A/c No. IBAN: *Swift / BIC: Creditor Name: Creditor Address:	NATIONAL RADIO CABS LTD 40 JAMES STREET DUBLIN 8 IRELAND			(Please tick √)		OO—



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