

Account Card Application

Contact Information			
Account Card Holder Name:			
Contact Name:			
Phone:		E-mail:	
Address:			
City:	State:	Postcode:	
Postal address:			
City:	State:	Postcode:	
Financial Contact:			
Name:		Phone:	
Email:			
References (Companies Only)			
Company name:		Company name:	
Contact:		Contact:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Email:		Email:	
Agreement			
<ol style="list-style-type: none"> 1. All invoices are to be paid on or before the 20th of the month following the date of the invoice. 2. Any claims arising from invoices must be made within seven working days of receipt of invoice. 3. By submitting this application, you authorise Albury Taxis to make enquiries into the business/trade references that you have supplied. 			
Signatures Card Holder		Invoice Contact	
Date:		Date:	

Office Use Only

Approved By:	Date:
Account No:	
Entered SM:	Entered Reckon: