

Account Application Form



LODDON
CARS®

Because... Time matters

YOUR DETAILS

Contact Name: _____

Company Name: _____

Address: _____

_____ Post Code: _____

Telephone: _____

Mobile: _____

E-Mail: _____

ACCOUNTS DEPARTMENT DETAILS

Accounts Contact Name: _____ E-Mail: _____

Accounts Telephone No: _____

BUSINESS ACTIVITY

Please state below your anticipated business expenditure for the purpose of taxi and private hire service with Loddon Cars.

Weekly Expenditure: £ _____

Monthly Expenditure: £ _____

DECLARATION

By signing this application form you agree that if your application is approved you will enter into a twelve months contract with Loddon Cars. This may be terminated by providing us with 30 days written notice. Please refer to our Terms & Conditions for full details.

Name: _____

Signed: _____ Date: _____