

Ardmore Taxis Ltd t/a Bray Town Taxis

Tel: 01 2860400 - Fax : 01 2864666

84 Main Street, Bray, Co. Wicklow

Email:info@braytowntaxis.ie

ACCOUNT CUSTOMER DETAILS

COMPANY NAME _____

COMPANY ADDRESS _____

NATURE OF YOUR BUSINESS _____

ACCOUNT MANAGER _____

ACCOUNT ADMINISTRATOR _____

DIRECT LINE: _____

EMAIL ADDRESS _____

I/we undersigned, hereby agree to Ardmore Taxis Ltd t/a Bray Town Taxis credit terms. We agree to fully comply with the standard terms and conditions of Ardmore Taxis Ltd t/a Bray Town Taxis. Please note that our accounts dept. must be notified of any invoice queries within a 3 day period of receipt of invoice. On receipt of Invoice must be paid within 7 days. Accounts are billed out weekly.

SIGNED _____ **PRINT NAME:** _____

POSITION _____

DATE _____

OFFICE USE ONLY

ACCOUNT No: _____