

## **CREDIT APPLICATION FORM**

**Company Name:**.....

**Company Address:**.....  
.....  
.....

**Telephone:**.....

**Fax:**.....

**Email:**.....

**Name of Account Contact:**.....

**Name of Person with Responsibility for Account:**.....

**Nature of Business:**.....

**Conditions:**

I/We, the undersigned, hereby agree to Satellite Taxis Cork credit terms of 30 days from receipt of invoice, or payment by direct debit.

**Signed:**.....

**Position in the company:**.....

**Date:**.....

Company Stamp