



EVEREST TAXIS ACCOUNT APPLICATION FORM

To apply for an account please fill the application form below:

* Required fields

COMPANY NAME*

FULL POSTAL ADDRESS*

CONTACT NAME FOR ACCOUNT*

CONTACT EMAIL ADDRESS*

CONTACT TELEPHONE NUMBER*

FULL INVOICING ADDRESS (If different from above)

CONTACT NAME FOR INVOICING (If different from above)

INVOICING EMAIL ADDRESS (If different from above)

INVOICING TELEPHONE NUMBER (If different from above)

PASSWORD TO BE APPLIED TO YOUR ACCOUNT

No more than 15 characters. We insist on a password to protect your account so please enter the password you require (something easy for your staff to remember and none related to your business)

SPECIAL INSTRUCTIONS REQUIRED

(E.g. take callers name, get passengers name, etc.)

FOR OFFICE USE ONLY

SIGNATURE

PRINT NAME

DATE

DATE RECEIVED:

ACCOUNT NO:

ACC. CO. DA: