



PRINT OR FILL OUT ELECTRONICALLY

01823 245999
www.grabacabtaunton.co.uk

Account Registration Form

Name:

DOB:

Address:

Postcode:

Phone No:

Email:

Please attach copy of Photo Id.

Form of Photo Identification used.

Driving licence Passport Residence Card Other

Identification reference Number:

Please attach copy of Proof of address.

Proof of address supplied – Less than 3 months old.

Bank Statement Utility Bill Wage Slip Government letter

Proof of address Valid from Date:

/ /

Bank Details.

This is used to verify and authorise payments.

N/B We do not take or request any payments from your account.

Sort Code: - -

Account Number:

Invoice & Billing.

Weekly

Monthly

Frequency of taxis required.

Monday	AM	PM	Thursday	AM	PM			
Tuesday	AM	PM	Friday	AM	PM			
Wednesday	AM	PM	Saturday	AM	PM	Sunday	AM	PM

Outline of Taxi Journeys required.

OFFICE USE ONLY

ID VERIFIED

PROOF OF ADDRESS VERIFIED

ACCOUNT APPROVED

LIMIT SET £