

eTaxi User Registration Form



Company Name _____

Users To Be Registered

Account Number	eTaxi User First Name	eTaxi User Surname	eTaxi User Signature	eTaxi User eMail Address	eTaxi User Phone Number

Authorised by _____

Signature _____

Title _____

Date _____

Once completed:

FAX to: 09 306 1619 OR EMAIL scanned image to: enquiries@taxicharge.co.nz OR POST to: TaxiCharge NZ, Private Bag 99931, Newmarket, Auckland