



Application for Account Facilities

Please complete and sign the form below and return by fax or post to the address below.

Registered Name	Registered Office Address
<input type="text"/>	<input type="text"/>

Registration Number	Post Code
<input type="text"/>	<input type="text"/>

Directors Names
<input type="text"/>

Trading Address (if different)	Invoice Address (if different)
<input type="text"/>	<input type="text"/>
Post Code	Post Code
<input type="text"/>	<input type="text"/>

Trade Reference 1	Trade Reference 2
<input type="text"/>	<input type="text"/>
Post Code	Post Code
<input type="text"/>	<input type="text"/>

Accounts Contact	Despatch Contact
Name <input type="text"/>	Name <input type="text"/>
Tel. <input type="text"/>	Tel. <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>

Trading Name	Bank Account Name
<input type="text"/>	<input type="text"/>

Bank Address	Bank Details
<input type="text"/>	Account No. <input type="text"/>
<input type="text"/>	Sort Code <input type="text"/>
<input type="text"/>	Amount of credit required <input type="text"/> £
Post Code <input type="text"/>	Year Account opened <input type="text"/>

The applicant will be responsible for the payment of all indebtedness when the account number is allocated, irrespective of who gives the instructions. It is therefore important that only authorised personnel are provided access to the account number.

Declaration

The information shown above is accurate in all respects. I/we agree to abide by the terms and conditions, as may be amended from time to time.

Authorised Signatory

Signed Position

Print Name Date

For Office Use

Date Opened	Account Number / Log-in	Master Password	Credit Limit
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Head Office; Logistics House, 8 Western Road, Shoreham-by-Sea, West Sussex, BN43 5WD
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