

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
Registration Number	Post Code
Directors Names	
Trading Address (if different)	Invoice Address (if different)
Post Code	Post Code
Trade Reference 1	Trade Reference 2
Post Code	Post Code
Accounts Contact	Despatch Contact
Name	Name
Tel.	Tel.
Email	Email
Trading Name	Bank Account Name
Bank Address	Bank Details
	Account No.
	Sort Code
Post Code	Amount of credit required £
	Year Account opened

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
			£

Head Office; Logistics House, 8 Western Road, Shoreham-by-Sea, West Sussex, BN43 5WD
Telephone 0845 9000 205 Fax 0845 9000 207

