

OPEN AN ACCOUNT

complete, sign and fax to: **0207 014 1994**



your company details

full company name:

company address:

postcode:

telephone:

fax:

nature of business:

number of staff:

number of years trading:

company registration number:

website address:

operating your account

contact name:

contact telephone:

contact email:

amount of monthly credit required £:

payment details

invoice authorisation contact name:

invoice authorisation contact telephone:

is a purchase order number required? :

accounts department contact name:

accounts department contact telephone:

contact email for electronic invoicing:

type of service required

Couriers PTS Staff Taxi

agreement of terms

I agree to and accept the company's conditions of trading as set out in the attached Terms and Conditions sheet. In particular, I confirm that all invoices will be paid within 28 days of the invoice date.

signature: name:

position: date:

Medical Services only:

contact:	<input type="text" value="Website"/>	rating:	<input type="text"/>
depot:	<input type="text"/>	acc no:	<input type="text"/>
tariff:	<input type="text"/>	acc man:	<input type="text"/>