

ACCOUNT APPLICATION FORM



NAME OF ACCOUNT HOLDER
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Status: Company (Ltd) Sole Trader Partnership Private Others (please tick)

Address

Post code Tel No Fax No

E-mail

Nature of Business No of Years trading

Registered Office Address

Registered in Date / / Reg No

NAMES OF ACCOUNT USERS (please give full names)

Chairman Managing Director

Directors Proprietor

Partners

Others

Account Operators Contact Name

Name of Accounts/Bought Ledger Manager

Email Address to which invoices should be sent

Address

Post Code Tel No

To assist us, please complete the following: Estimated monthly expenditure £

Services required: **Couriers** **Nationwide** **Overnight** **Worldwide**

Any other Instructions

I (Insert Name) as a authorized representative

Of (Insert Co Name) hereby agree to Complete Transport Solutions Ltd Terms and Conditions of Trading.

Signature Position Date

FOR OFFICE USE ONLY:

Date Received / / 201

Account Manager

Account No