

ACCOUNT APPLICATION FORM



NAME OF ACCOUNT HOLDER

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 / / 20...

Account Manager Account No