

**ACCOUNT APPLICATION FORM - Tel: 0117 982 1020 Fax: 0117 982 1021**

COMPANY NAME:	TRADING NAME: (IF DIFFERENT)
ADDRESS OF REGISTERED OFFICE:  Tel: _____ Fax: _____	TRADING ADDRESS: (IF DIFFERENT)  Tel: _____ Fax: _____
CO. REG NO:	NO. OF YEARS TRADING:
DIRECTORS/PARTNERS: NAME:	ADDRESS:
INVOICING ADDRESS:  Tel: _____ Fax: _____	
BANKERS NAME & ADDRESS:  Tel: _____ Fax: _____	SORT CODE: ACCOUNT NO:
NAMES AND ADDRESSES OF TWO TRADE REFERENCES: 1.  Tel: _____ Fax: _____	2.  Tel: _____ Fax: _____
ANTICIPATED MONTHLY SPEND:	
SIGNATURE: .....	PRINT NAME: .....
DATE: .....	POSITION: .....

**PLEASE ATTACH A COPY OF YOUR COMPANY LETTERHEAD WITH THIS FORM AND RETURN TO:**  
**Sureway Express Transport Ltd**  
**Unit 12, The I.O Centre**  
**Cabot Park**  
**Avonmouth, Bristol, BS11 0QL**

Account payments are due 30 days from date of invoice.  
 All goods carried are subject to RHA conditions of Carriage, copies of which are available on request