

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

COMPANY NAME:		TRADING NAME: (IF DIFFERENT)	
ADDRESS OF REGISTERED OFFICE:		TRADING ADDRESS: (IF DIFFERENT)	
Tel:	Fax:	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:		2.	
1.			
Tel:	Fax:	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