

APPLICATION FOR ACCOUNT

For company accounts please fill in sections 1 – 6.
For personal accounts please fill in sections 1, 2, 3 and 6.

1. ACCOUNT TITLE (as you would like it to appear):

2. PERSONAL / COMPANY INFORMATION:

Contact name:

Company stamp (below):

Address:

Partnership

.....

Sole trader

.....

Limited company

.....

PLC

Tel:

Fax:

How did you hear about Direct Travel Falkirk:

.....

Monthly credit required:

Year company established:

Company registration

VAT No.:

NB. Account facilities will generally be granted only where anticipated monthly spend is likely to exceed £500. For smaller amounts or ad hoc requirements, we offer a credit card booking facility (see Payment Details).

3. CONTACT DETAILS (for payment of invoices):

Name:

Title:

Tel:

Fax:

Email:

(You will receive your invoice/receipt by email, unless otherwise stated)

Invoice address (if different from above):

.....

.....(Settlement of all invoices MUST be within 30 days of invoice date).

4. REFERENCE (please provide two references):

(A) Name:

Address:

.....

Tel:

6. PAYMENT DETAILS

I wish to settle my account as follows:

Cheque BACS CHAPS Credit/Purchasing Card*

**Credit/Purchasing cards are subject to a 4% surcharge, representing the merchant fee incurred at cost.*

Credit/Purchase Card Details:

Card No.: Name on Card:

Expiry Date: Batch No. (AMEX only): Issue No. (Switch Only):

Billing Address (if different from above):

.....

..... Postcode:

Signature:

Direct Travel Falkirk Bank Details (for your payment by BACS/CHAPS):

Bank Name: Clydesdale Bank
Address: 1 Bank Street, Falkirk, FK1 1NB
Account no: 50194942
Sort code: 83-63-12
Account name: Direct Travel Falkirk
BICcode: BIC:
IBAN no: IBAN:

Once completed, please send to

email

info@directtravelfalkirk.co.uk