



ACCOUNT APPLICATION

1 Full Trading Name(s) of Applicant: _____

Trading Address: _____

Tel No.: _____ Fax No.: _____

Mob No.: _____ Email: _____

2 Address of Registered Office: _____

Year of Incorporation: _____ VAT No.: _____

3 If Partnership, give full names of ALL Partners: _____

_____ Year of Commencement: _____

4 Bank Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____ Sort Code: _____

5 Number of employees in your business: _____

6 Name, address (inc post code), **telephone and fax numbers** of two current suppliers (a & b):

(a) _____

Post code: _____ Tel No.: _____ Fax No.: _____

(b) _____

Post code: _____ Tel No.: _____ Fax No.: _____

7 Please state maximum credit required £ _____

8 Name of your Managing Director / Managing Partner: _____

9 Name of person responsible for paying account on time: _____

Company Declaration:

I / We, being (an) authorised officer(s) of this business, so agree that payment of all this account will be received by you (our supplier; Transolva Ltd.) within your stated credit terms, which is to be received before you, undertake to analyse the following months tachograph charts or digital information, supply hardware or stationery, carry-out training or any offer other service. I / We understand that with effect from the 10 days after this date our account will be placed on stop without prior notice. I / We appreciate that the adherence to this obligation is the essence of the contract between our two companies.

Signed: _____ Name (Print): _____

Position: _____ Date: _____

..... the training and transport support specialists