

Fleet Assess Ltd
CREDIT ACCOUNT APPLICATION FORM

Unit 8C Time Technology Park, Blackburn Road, Simonstone, Burnley.BB12 7TW

01706 627376

Email: accounts@fleetassess.co.uk

www.fleetassess.co.uk

COMPANY DETAILS

Full Trading Name:		Date:	
Address Line 1			
Address Line 2			
Town		Operators Lic No	
County		Expiry Date of Operators License	
Post Code		VAT Reg No	
STATUS (Limited Co/ SoleTrader/Partnership)		Web Site Address	
Company Reg No		Date of Incorporation	
Telephone number		Contact Name (<i>person completing form</i>)	
Fax Number		Email Address	
Mobile Number		Position	

INSURANCE DETAILS

Insurers Name: (not broker)		Policy No	
Address Line 1		Contact Name	
Address Line 2		Expiry Date	
Post Code		Telephone Number	

**PLEASE NOTE OUR PAYMENT TERMS ARE AGREED AT THE START OF THE TERM OF BUSINESS WITH OURSELVES
 WE WILL ONLY AGREE TO A CHANGE IN PAYMENT TERMS WITH OUR PRIOR WRITTEN APPROVAL**

Do you agree to these terms?		If not what payment terms are you requesting?	
Name of Authorised Officer of Company			

FOR ALL APPLICATIONS WE REQUIRE TWO CREDIT REFERENCES. THESE MUST BE COMPANIES WHO SUPPLY YOU WITH GOODS ON A CREDIT BASIS AND MUST NOT BE FUEL, TYRE OR INSURANCE COMPANIES

CREDIT REFERENCE 1		CREDIT REFERENCE 2	
Company Name:		Company Name:	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
Town		Town	
County		County	
Post Code		Post Code	
Telephone number		Telephone number	
Contact Name		Contact Name	
Contact Email		Contact Email	

BILLING

Do we need Order Numbers for Invoices		Email Address for Order Numbers	
Name of Person to Contact for Order Number		Telephone Number	
Billing cycle for Invoices ie: Weekly/Calendar Monthly		Any other specific invoicing instructions?	

MAINTENANCE OF VEHICLES

Name of Transport Manager		Mobile Number	
Service Cycle required for Trailers		Telephone number	
Contact Details for Operations (Servicing of Trailers)		Contact Email address for estimates and servicing	

PLEASE NOTE THAT WE HAVE A PAPERLESS SYSTEM, THEREFORE ALL INVOICES WILL BE EMAILED

Email address for Invoices		Accounts Contact Name	
Email address for statements		Accounts Contact Telephone No	

AN ACCOUNT WILL NOT BE OPENED UNTIL WE RECEIVE A VALID COPY OF YOUR INSURANCE AND 'O' LICENCE

Please return this form via email to accounts@fleetassess.co.uk

HEAD OFFICE USE ONLY

<i>Approved/Rejected</i>		<i>Account No Allocated:</i>	
<i>Credit Limit Approved</i>			
<i>Date</i>		<i>Signed</i>	
<i>Comments</i>		<i>Date Opened</i>	

Approved by

Please be aware that we will make a search with a credit referencing agency, which will keep a record of We may also make enquiries about the principal directors with a credit referencing agency