

**Fleet Assess Ltd**  
**CREDIT ACCOUNT APPLICATION FORM**

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[www.fleetassess.co.uk](http://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	
<b>BILLING</b>			
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?	
<b>MAINTENANCE OF VEHICLES</b>			
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	
<b>PLEASE NOTE THAT WE HAVE A PAPERLESS SYSTEM, THEREFORE ALL INVOICES WILL BE EMAILED</b>			
Email address for Invoices		Accounts Contact Name	
Email address for statements		Accounts Contact Telephone No	
<b>AN ACCOUNT WILL NOT BE OPENED UNTIL WE RECEIVE A VALID COPY OF YOUR INSURANCE AND 'O' LICENCE</b>			
<b>Please return this form via email to <a href="mailto:service@fleetassess.co.uk">service@fleetassess.co.uk</a></b>			
<b>HEAD OFFICE USE ONLY</b>			
<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>	
<i>Approved by</i>			
<b><i>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</i></b>			