

Fleet Assess Ltd

CREDIT ACCOUNT APPLICATION FORM

Barons Way, Gt Harwood. Lancashire. BB6 7DL
 Tele 01706-627376

Email accounts@fleetassess.co.uk

COMPANY DETAILS

Full trading name		Operators License No.	
Address Line 1		Expiry date of Operators License	
Address Line 2		VAT Reg No	
Town		Website Address	
County			
Post Code		Contact Name (person completing form)	
Status (Ltd, Sole Trader, Partnership)		Email	
Company Reg No		Position	
Telephone No		Mobile No	


Insurance details

Please provide a copy of the your insurance, clearly showing trailer(s) on hire are fully insured; attached and unattached.

Insurers Name (Not Broker)		Policy No.	
Address Line 1		Expiry Date	
Address Line 2		Does Insurance cover trailers attached to a motor vehicle	
Address Line 3		Does insurance cover trailers unattached from a motor vehicle	
Post Code		Name of person to contact if we have any queries	

For all applications we require 2 credit references. These must be companies that supply you with goods on a credit basis and not Fuel, Tyre or Insurance Companies

Credit reference 1		Credit reference 2	
Supplier Name		Supplier Name	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
Town		Town	
County		County	
Post Code		Post Code	
Telephone No.		Telephone No.	
Contact Name		Contact Name	
Contact Email		Contact Email	

Billing			
Do we need order numbers for invoices – Yes/No		Email address for order numbers	
Name of person to contact for order No.		Telephone No.	
If Invoice address is different to Company Details given, please provide invoice address details		Any specific billing instructions	
Maintenance of Vehicles			
Service Cycle required for trailers (no of weeks)		Mobile No.	
Contact name for operations		Telephone No.	
Contact email(s) for person (s) requiring Online portal access		Contact email address (s) for estimates and servicing	
PLEASE NOTE THAT WE HAVE A PAPERLESS SYSTEM, ALL INVOICES WILL BE EMAILED			
Email address for invoices		Accounts contact name	
Email address for Statements		Accounts contact telephone No.	
<p>Please note our payment terms are strictly 30 days end of month from invoice. Payment will be taken by Go Cardless.</p>			<p>Please scan to set up on Go Cardless</p>  <p>Scan to sign up Powered by GoCardless</p>
Do you agree to these terms?		If not, what payment terms are you requesting?	
Name of authorised Officer of company		GoCardless set up contact email	
I am signing to confirm the account application form has been completed accurately, our company's acceptance of Fleet Assess Terms and Conditions and payment can be taken by Go Cardless			
Authorised Signatory		Date signed	
Note : All transactons are subject to our terms and conditions. A copy of our T&C's is available from our website			
Please return this form via email to accounts@fleetassess.co.uk			
AN ACCOUNT WILL NOT BE OPENED UNTIL WE RECEIVE A VALID COPY OF YOUR INSURANCE AND 'O' LICENCE			
FLEET ASSESS USE ONLY			
Rental/Sales/Static		Account No Allocated	
Credit Report received & date		Approved/Rejected	
Credit Limit approved & date		Approved by & date	
Insurance received & date			
O' Licence received & date		Signed	
Go Cardless set up by Finance & date		Date opened	
Go Cardless email received date		Comments	