

ACCOUNT APPLICATION FORM

Please complete relevant sections giving full details

Company Name:

Invoice Address:

..... Postcode:

Delivery Address:

..... Postcode:

Telephone No: Fax No:

Contact Name: Email Address:

VAT Registration No: Nature of business:

For Limited Companies

Company Registration No:

Registered Office:

Address:

..... Postcode:

RDCO Number:..... RDCO Postcode:

The following information is required for reference purposes only and will be treated in strictest confidence

For Non Limited Companies please give name and home address of Proprietors/partners

Christian Name: Surname: Date of Birth:

Delivery Address:

..... Postcode:

Christian Name: Surname: Date of Birth:

Delivery Address:

..... Postcode:

Christian Name: Surname: Date of Birth:

Delivery Address:

..... Postcode:

Trade References

Co. Name:

Address:

..... Postcode:

Telephone No: Fax No:

Known for Years

Co. Name:

Address:

..... Postcode:

Telephone No: Fax No:

Known for Years

Fuel Requirements

Product	Order Size	Monthly Usage	Product Use
Total			

I/We warrant that the information supplied is correct and confirm our acceptance of the terms and conditions applying.

Signed:

Christian Name: Surname:

Director/Partner/Owner: Date:

PAYABLE BY DIRECT DEBIT AS PER OUR TERMS - PLEASE POST FORM BACK