



A.D.M. Transport Account Application

To apply for an account with **A.D.M. Transport** simply print the form below, complete all the fields and then either return it to us by post or FAX to 01698 507310. Alternatively give us a call and we will be happy to complete the application for you.

Full Trading Name:

Full Address:

Telephone No:

Fax No:

Web Site:

Registered Office Address:

Registered Office Telephone No:

Company Registration No:

VAT Registration No:

Contact Name or Sole Traders Name:

Accounts Contact Name:

or Partners Name:

Accounts Telephone No:

Trade Reference:

Second Trade Reference:

Monthly Credit Required:

I agree that all work undertaken on our behalf by A.D.M. Transport is subject to their Business Terms, a copy of which I have read. I also agree that payments to A.D.M. Transport are 30 days from receipt of invoice.

Signed:

Printed:

Position:

Date:



REQUEST AND CONSENT FOR BANK REFERENCE

REQUEST FOR BANK REFERENCE TO:

The Bank Managers Name:

The Bank Name:

Branch Address:

Sort Code No:

ENQUIRY FROM:

Company Name:

Address:

Post Code:

Tel. No:

Fax No:

Contact Name:

OPINION REQUESTED ON:

I/we request your opinion as to the means and standing of...

Name of Customer:

Account No:

Customer's Address:

and his/her/their/its trustworthiness in the way of business to the extent of £

CONSENT:

To be completed by the Customer that is the subject of enquiry.

Customer's Full Name:

Customer's Bank:

Full Name and Address of the Enquirer:

I/we _____ consent
to _____ Bank Plc providing a reference on me/us to

I/we authorise my/our bank to debit my/our account no _____
with such charges as may be appropriate (delete if enquirer paying).

Signed:

Date:



Application for a credit facility—page 1

Items in this box are for office use only:

- New Account Change of Address Close Account
 Change of Title Date Received

To be completed by [Customer] [Supplier/ Sales Representative]:

Full Legal Title and Trading Name : _____

Sole Trader Partnership LLP Limited Company PLC Co Reg No:

(please tick where appropriate)

Business Activity (please specify)

Method of Payment : (please tick)

Cheque Direct Debit BACS

OTHER *If other please specify*

I/We request you to open a Credit Account in the name of:

With a Proposed Credit Limit of: £ _____ . _____ per month

Agreed Credit Period : _____ days.



Application for a credit facility—page 2

Trade References:

I/We authorise you to take up references at any time from the under mentioned bank and trade sources (we will make searches with a credit reference agency, which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency).

Trade Reference Name:

Your Account Number:

Address of Reference:

Trade Reference Name:

Your Account Number:

Address of Reference:

Bank Details:

We may request a credit reference from your bank from time to time, at which time we will ask you to sign a consent. In the meantime, please enter your bank details below.

Bank Name:

Your Account Number
And Sort Code:

Address of Bank:

Contact for Payment:

Please provide a contact name and telephone/fax/email of a person in your company responsible for payments.

Name:

Position:

Telephone:

Fax:

Email: