



APPLICATION FORM FOR CREDIT ACCOUNT- Please complete shaded areas

1) BUSINESS DETAILS

TRADING NAME:

TRADING ADDRESS:

POSTCODE:

TEL: FAX:

REGISTERED OFFICE IF DIFFERENT FROM ABOVE:

POSTCODE:

REGISTERED NUMBER:

(Limited Companies, PLCs and Registered Charities only)

TYPE OF COMPANY: Partnership Sole Trader Ltd Co/ Plc

OTHER (give details):

PROFESSION/TRADE:

YEAR ESTABLISHED:

NUMBER OF EMPLOYEES:

CONTACT NAME*:

E-MAIL ADDRESS:

POSITION:

*This should be the name of a person authorised to make payments, and to whom all accounts correspondence will be sent.

2) PURCHASING DETAILS

WHAT IS YOUR CURRENT ANNUAL TRAVEL SPEND? (APPROX):

CONTACT NAME/S*:

* This should be the name/s of a person/persons authorised to make travel bookings for your company

ARE ORDER NUMBERS QUOTED AT TIME OF BOOKING? YES NO

3) BANKING DETAILS

NAME OF BANK:

ADDRESS:

POSTCODE:

SORT CODE:

ACCOUNT NUMBER:

TIME WITH PRESENT BANK: YEARS

4) CREDIT REFERENCE

PLEASE PROVIDE CONTACT DETAILS OF A COMPANY WITH WHOM YOU CURRENTLY HAVE A CREDIT ARRANGEMENT:

COMPANY NAME:

ADDRESS:

CONTACT NAME:

5) OUR PAYMENT TERMS REQUIRE SETTLEMENT OF ALL INVOICES BY THE 22nd OF THE MONTH FOLLOWING DATE OF ISSUE. PLEASE INDICATE PROPOSED METHOD OF PAYMENT:

CHEQUE BACS

6) ANY OTHER INFORMATION/COMMENTS:

7) DECLARATION

By signing this application, you declare that the information provided by you is correct, and that you will adhere to our payment terms.

SIGNATURE:

NAME:

POSITION:

COMPANY:

DATE:

PLEASE RETURN COMPLETED FORM TO: Gary Smith, Finance Manager, Wayte Travel, 3-5 Glebe Street, Stoke on Trent, Staffordshire, ST4 1HS Email: gary.smith@waytetravel.co.uk Fax: 01782 847400