BOLEYN RECOVERY AND FLEET SERVICES LTD CREDIT ACCOUNT APPLICATION FORM

COMPANY NAME:	COMPANY NUMBER
TYPE OF BUSINESS	
REGISTERED BUSINESS ADDRESS	WHEN ESTABILISED
	POST CODE

TRADE	TRADE CONTACT NAME	
TRADE ADDRESS (if different from above**)**		
	POST CODE	
TRADE EMAIL ADDRESS		
TRADE CONTACT NUMBERS		
TRADE FAX		

ACCOUNTS	ACCOUNTS CONTACT NAME	
INVOICE EMAIL ADDRESS		
ACCOUNTS CONTACT NO		
ACCOUNTS ADDRESS (if different)		
	POST CODE	

Credit requirements	Please let us know what your requirements are				Fleet size	Quantity
Monthly credit limit required					< 2.5T	
What services will you require?		Breakdown recovery	Mobile technician	Workshop	2.5 - 7T	
Likely frequency	Daily				7.1 - 18T	
Tick as appropriate	Weekly				> 18T	
	Monthly				< 23 bus	
	Annually				> 23 bus	

OUR TERMS OF BUSINESS ARE 30 DAYS NET. BACS PAYMENTS WELCOME					
BANK	RBS	Swift/BIC code	NWBKGB2l	IBAN	GB92NWBK60084667753264
SORT CODE	60 08 46	ACCOUNT NO.	67753264	A/C NAME	BOLEYN RECOVERY & FLEET SERVICES LTD

DECLARATION

I, THE UNDERSIGNED, DECLARE THAT I HAVE THE AUTHORITY TO SIGN THIS FORM ON BEHALF OF THE COMPANY WHO'S NAME AND NUMBER APPEARS ABOVE AND THAT THE INFORMATION GIVEN IS TRUE. I AUTHORISE YOU TO APPROACH THE BANK AND TRADE SUPPLIERS FOR REFERENCE AS NECESSARY.

SIGNATURE	PRINT NAME
DATE	POSITION