

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

Insurance details - Please provide a copy of the insurance, clearly showing trailers on hire are insured attached and unattached to a Motor Vehicle

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/stood	
Post Code		Name of person to contact if we have any queries	

Please note our payment terms are strictly 30 days end of month from invoice. We will only agree to a change in payment terms with our prior written approval. Usual payment method is by GO Cardless

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	

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		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			
Name of transport manager		Mobile No.	
Service Cycle required for trailers		Telephone No.	
Contact name for operations		Contact email address('s) for estimates and servicing	
Contact email(s) for person requiring Online portal access			
PLEASE NOTE THAT WE HAVE A PAPERLESS SYSTEM, THEREFORE ALL INVOICES WILL BE EMAILED			
Email address for invoices		Accounts contact name	
Email address for Statements		Accounts contact telephone No.	
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			
Approved/rejected		Account No Allocated	
Credit Limit Approved			
Date		Signed	
Comments		Date opened	
Approved by			