

**ACCOUNT REGISTRATION FORM**

NAME OF ACCOUNT HOLDER.………………………………………………………………………………

Status: Company (Ltd) Sole Trader Partnership Private Others (please tick)

## Address………………………………………………………………………………………………….……….

## .

## Post code……………………….…... Tel No …………….………………

## E-mail…………………………….………………………….........................

Nature of Business.…………………………………………….……. No of Years trading ……………...

Registered Office Address……………….…………………………………………………………………….

Registered in ……………………………… Date ….…. / ……..… / .……. Reg No …………………....

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NAMES OF ACCOUNT USERS (please give full names)

Chairman…. ……………………………………. Managing Director …………………….…………………

Directors…………………………………………… Proprietor ……………………………….……………….

Partners………………………………………………………………………………………………………….

Others…………………………………………………………………………………………………………….

Account Operators Contact Name…………………………………………………………………….………

## Name of Accounts/Bought Ledger Manager……………………………………………………….…………

Emai Address to which invoices should be sent…………………………………………………………….

Address …………………………………………………………………………………………………………

Post Code………………………………. Tel No ………………………………

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To assist us, please complete the following: Estimated monthly expenditure £ ……………………...

Services required: **Couriers Nationwide Overnight Worldwide**

Any other Instructions …………………………………………………………………………………………….

I (Insert Name) … ……………………………….…………………………. as authorized representative

Of (Insert Co Name) …………………………………………………………hereby agree to Complete

Transport Solutions Ltd Terms and Conditions of Trading.

Signature ……………………… ………… Position ………………………… Date …………………………

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FOR OFFICE USE ONLY:

Date Received ……… / ……… / 2024

Account Manager ………………… Account No……. …………………..

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