

Account Application Form

Please complete and return as soon as possible

Company:									
Company Registration No:									
Contact Name:									
Address:									
Post Code:									
Telephone Number:					Fax Number:				
Email Address:									
Do you Issue Purchase Order Numbers:							Yes	No	
Invoice Contact Name:					Telephone Number:				
Invoice Address (if different from above):									
Invoice Post Code:									
Bank:					Branch:				
Sort Code:				/	/	/	/	/	/
Credit Limit Requested:					£				
VAT Number:		/	/	/	/	/	/	/	/

Please note our standard payment terms are fourteen days from invoice date.

We have received and read DriverForce UK Ltd. standard terms and conditions of business for the supply of temporary staff.

_____/_____/_____
 Signed Title Date

If a written or faxed reply is not received within 24 hours we will assume acceptance of our standard terms and conditions of business.

Please return to DriverForce UK Ltd., Unit 24, Samson House, Arterial Road, Laindon, Basildon, Essex, SS15 6DR or fax to 01268 541820