|  |  |
| --- | --- |
| Application to open an LLD account |  |

**Account Details**

|  |  |
| --- | --- |
| Company |  |
| Company registration number |  |
| Company telephone number |  |
| Name of main person in your account’s office dealing with payments |  |
| Email address to send statements to |  |
| Bank |  |
| Sort Code |  |
| Account Number |  |
| Account Name |  |
| Amount of credit required |  |

**Reference Details**

|  |  |
| --- | --- |
| Trade Reference Number |  |
| Reference Address |  |
| Reference City & Postcode |  |
| Reference relationship |  |

**Transport Information**

|  |  |
| --- | --- |
| Main contact’s Name |  |
| Main contact’s telephone no |  |
| Main contact’s email address |  |
| Out of emergency contacttelephone number |  |

**Invoicing Information**

|  |  |
| --- | --- |
| Email address to send invoicing to |  |
| Email address to send PODs to |  |
| Postal Address line 1 |  |
| Postal Address line 2 |  |
| Postal Address line 3 |  |
| Town/City |  |
| County |  |
| Postcode |  |

On behalf of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have read and accept these standard terms and conditions
including that payment is 30 days from date of invoice and wish to open an account,

Name Date:

A ‘typed’ name/signature is quite acceptable if the form is being emailed back

Please sign and email back to **accounts@longlanedeliveries.co.uk**