## 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	
Contact Mobile Number	
Second person in your account's office dealing with payments	
Second persons contact Mobile Number	
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 contact telephone 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	lł	nave	read	and	accept	these
standard terms and conditions including that paymen	nt i	is 30	days	from (	date of i	nvoice
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