

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 have read and accept these standard terms and conditions including that payment is 14 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