NEW ACCOUNT APPLICATION FORM (Fax back to 01782 566390) PALLET EXPRESS SYSTEMS LTD T/A TLP GROUP

PALLET EXPRESS SYSTEMS LTD DATE:/		
COMPANY NAME :	TRADING	NAME IF DIFFERENT :
ADDRESS OF REGISTERED OFFICE :		
Email Address:		POST CODE:
CO. REG. No.	TYPE OF	BUSINESS:
ADDRESS TO WHICH INVOICES SHOULD BE SE	NT	
Email Address:		
TELEPHONE No: FAX	No:	POST CODE:
ADDRESS TO WHICH STATEMENTS SHOULD BE	E SENT IF DIFFERENT FRO	OM ABOVE
Email Address:		
TELEPHONE No: FAX N	No:	POST CODE:
CREDIT CONTROL CONTACT:		
Email Address: TELE	PHONE No:	
BANKER'S NAME AND ADDRESS	THORE NO.	
NAME AND ADDRESSES OF TWO TRADE REFE	DENCES:	
1.	2.	
TEL No: FAX No:	TEL No:	FAX No:
ANTICIPATED MONTHLY SPEND:	ANTICIPA	TED MONTHLY CONSIGNMENTS
PLEASE NOTE THAT PAYMENT SHOULD BE SENT TO OUR ACCOUNTS DEPARTMENT AT EXCELLENCE HOUSE, DALEWOOD ROAD,		
	ME, STAFFS. ST5 9QH. PLEA	SE NOTE THAT ALL ACCOUNTS ARE SUBJECT TO OUR
		BE IMPLEMENTED IN LINE WITH GOVERNMENT NGES. ANY INVOICES NOT PAID WITHIN 30 DAYS
FROM END OF MONTH WILL INCUR A SUPPLE MONTH UNTIL THE ACCOUNT IS PAID UPTO DA		5% OF THE OUTSTANDING INVOICE/S TOTAL PER
I/WE HAVE RECEIVED A COPY OF THE COI		E WHICH I/WE HAVE READ AND AGREE.
DATE :	DATE :	
CUSTOMER:	REPRESE	ENTATIVE OF TLP GROUP :
SIGNATURE :	SIGNATUI	RE :
PRINT NAME :	PRINT NA	
POSITION:	POSITION	1: