|  |  |
| --- | --- |
| **CUSTOMER DETAILS** | |
| **Company Trading name** |  |
| **Address** |  |
| **Address** |  |
| **Postcode** |  |
| **Type of company** | 🞏 Limited Company 🞏 Sole Trader 🞏 Partnership |
| **Registration number** |  |
| **Registered Office Address (if different from above)** |  |
| **VAT Number** |  |
| **Telephone** |  |
| **Website** |  |

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| --- | --- |
| **CONTACTS** | |
| **Accounts Contact Name** |  |
| **Accounts Contact Tel** |  |
| **Accounts Contact Email** |  |
| **Purchasing Contact Name** |  |
| **Purchasing Contact Tel** |  |
| **Purchasing Contact Email** |  |

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| --- | --- |
| **CREDIT REQUIRED** | |
| **Credit limit required** |  |
| **Credit Term on INV** |  |
| **Credit Term on DSB** |  |
|  |  |

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| --- | --- | --- |
| **BANK DETAILS** | | |
| **Bank name** | |  |
| **Branch** | |  |
| **Account number** | |  |
| **Sort code** | |  |
| I hereby authorise Future Forwarding Company Limited to obtain references from the above, as and when appropriate. I agree to abide by the Terms and Conditions as set out by Future Forwarding Company Limited which include that all invoices are due to be paid within 30 days from the date of invoice  I/We apply to open an account with Future Forwarding Company Limited | | |
| **Signed** (Must be a director or authorised representative of the company) |  | |
| **Printed name** |  | |
| **Position** |  | |
| **Date** |  | |

**Sole traders and partnerships must provide their home address details on their business headed paper when returning this form**

|  |  |
| --- | --- |
| **RETURN COMPLETED SIGNED FORM TO** | [patriciasykes@ukffcl.com](mailto:patriciasykes@ukffcl.com) |