OPEN AN ACCOUNT

complete, sign and fax to: 0207 014 1882

MEDICAL couriers

your company details

full company name:
company address:

postcode:
telephone:
fax:
nature of business:
number of staff:
number of years trading:
company registration number:
website address:

operating your account

contact name:
contact telephone:
contact email:
amount of monthly credit required £:

payment details

invoice authorisation contact name:
invoice authorisation contact telephone:
is a purchase order number required? :
accounts department contact name:
accounts department contact telephone:
contact email for electronic invoicing:

type of service required

☐ Couriers ☐ PTS ☐ Staff Taxi

agreement of terms

I agree to and accept the company's conditions of trading as set out in the attached Terms and Conditions sheet.
In particular, I confirm that all invoices will be paid within 28 days of the invoice date.

signature: name:

position: date:

Medical Services only:

contact:	Website	rating:	
depot:		acc no:	
tariff:		acc man:	

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