

Account Application Form



Company Details

Company Name	<input type="text"/>	Contact	<input type="text"/>
Address line 1	<input type="text"/>	Address line 2	<input type="text"/>
Post Code	<input type="text"/>	Email Address	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Company Registration Number	<input type="text"/>		
Registered Address (if different)	<input type="text"/>	line 2	<input type="text"/>

Insurance

EEC regulations require us to offer you travel insurance when you purchase travel products from us. Do you require us to do this ? Yes

No

Accounting

Accounts Contact	<input type="text"/>		
Address line 1	<input type="text"/>	Address line 2	<input type="text"/>
Post Code	<input type="text"/>	Email Address	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>

Management Information

Do you wish to have Purchase Order information shown on invoices ? Yes No

Do you wish to have Cost Centres shown on invoices ? Yes No

Do you wish to receive regular management reports ? Yes No

Report frequency Monthly Report Format Hard Copy Email (pdf)

Trading History

Please provide your latest audited accounts or provide the details of two trade references we may contact.

1.

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Post Code	<input type="text"/>	Email Address	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>

2.

Company Name Contact

Address line 1 Address line 2

Post Code Email Address

Phone Fax

Banking Details

Bank Branch

Sort Code Account Number

Anticipated Annual Travel Spend

Authorisation and Agreement

I authorise **ACE Travel Management** to carry out credit checks and request a bank reference prior to opening a credit account on our behalf.

I agree that the account will be maintained within the agreed terms. Unless otherwise arranged this means that all invoices will be settled in full by the 10th of the month following the date of issue.

Please tick this box to indicate your agreement :

Name Position

Date (dd/mm/yyyy)