ACCOUNT ADDLICATION FORM

PLEASE COMPLET	TE THIS FORM WRITING CLEARLY WITHIN THE BOXES IN BLOCK CAPITALS USING BLACK INK.
COMPANY NAME:	
CONTACT PERSON	
POSTION HELD:	
ADDRESS:	
	POST CODE:
TELELPHONE NO:	FAX NO:
E-MAIL (If any)	@
WEB SITE: WWW.	
PAYMENT METHOD	(PLEASE TICK AS APPROPRIATE)
CHEQUE BAN	IK DRAFT BRITISH POSTAL ORDER DIRECT DEBIT
(IF DIRECT DEBIT PAYMENT	METHOD IS OPTED PLEASE FILL THE BANK DETAILS BELOW)
BANK NAME:	
ADDRESS:	
BANK SORT CODE:	ACCOUNT NUMBER:
TRADE REFFERENCE:	
SIGNATURE:	DATE:
FOR OFFICE USE OF	NLY:
APPLICATION RECEIVE	ED ON:
DEPOSIT RECEIVED:	YES APPLICATION APPROVED: YES
	NO NO
APPLICATION APPROV	VED BY: DIRECTOR'S SIGNATURE:
PLEASE RETURN THE	COMPLETED APPLICATION FORM TO: FOR FURTHER INFORMATION / ENQUIRIES

NOORIMCO ACCOUNTANTS LTD
DEPARTMENT OF BUSINESS ACCOUNTS
BUSINESS VILLAGE
UNIT 001 DOWN HOUSE
LONDON
SW18 4JQ

TEL: (020) 8871 4333 FAX: (020) 8871 4433

E-MAIL: accounts@noorimcocarhire.co.uk