

# Credit Application for a Business Account



## FBO Chauffeur Services

---

### BUSINESS CONTACT INFORMATION

|  |             |                |            |
|--|-------------|----------------|------------|
| Your Name:   |             | Your Position: |            |
| Company name:  |             |                |            |
| Phone:   |             | Mobile:        |            |
| Email :  |             |                |            |
| Accounts Email (if different from above)   |             |                |            |
| Registered company address:  |             |                |            |
| City:  |             | Town:          | Post Code: |
| Date business commenced:   |             |                |            |
| Business Type:   |             |                |            |
| Sole Trader  | Partnership | Corporation    | Other:     |
| Do you require a password/pin to authorise bookings? YES/NO                                  |             |                |            |
| Who will be authorised to place bookings on the accounts behalf? Please provide names below. |             |                |            |
| Monthly Credit Required £  |             |                |            |
| Any important information with regards to your application:                                  |             |                |            |

| <b>BUSINESS AND CREDIT INFORMATION</b> |            |             |
|--|------------|-------------|
| Primary business address:              |            |             |
| City:                                  | Town;      | Post Code   |
| How long at current address?           |            |             |
| Telephone:                             | Mobile:    | E-mail:     |
| Bank name:                             |            |             |
| Bank address:                          |            | Phone:      |
| City:                                  | Post Code: |             |
| Type of Bank Account                   |            |             |
| Account No                             |            |             |
| Sort Code                              |            |             |
| <b>BUSINESS/TRADE REFERENCE</b>        |            |             |
| Company Name                           | Address    | Phone/Email |
|  |            |             |
| Company Name                           | Address    | Phone/Email |
|  |            |             |

1. All invoices are to be paid 14 days from the date of the invoice, unless agreed by us in advance.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise FBO Chauffeur Services to make inquiries into the banking and business/trade references that you have supplied.
4. We reserve the right to stop providing our services if your account is not paid when due.
5. If we open your account, we will provide you with a full list of account terms and conditions.

Applicant Signature: \_\_\_\_\_ Date:

**OFFICE USE ONLY**      Account Application Passed/Fail      Date:

**ACCOUNT NUMBER**      \_\_\_\_\_      Checked by:

**Please send your application by post ONLY to:**

**FBO CHAUFFEUR SERVICES LTD**

8 Rayment Close.

Buntingford.

Hertfordshire SG9 9FW

T: +44 (0)1920 455020

Email: [accounts@fbochauffeur.com](mailto:accounts@fbochauffeur.com)

Web: [www.fbochauffeur.com](http://www.fbochauffeur.com)