



ETON TRAVEL

APPLICATION FOR ACCOUNT FACILITIES

Please tick the appropriate Account format for which you are applying.

INVOICE A/C: [] COMPANY CREDIT CARD A/C: [] PERSONAL CREDIT CARD A/C: []

COMPANY:

CONTACT NAME: _____

ADDRESS: _____

HOW LONG ESTABLISHED AT THIS ADDRESS: _____

IF LESS THAN 3 YEARS PLEASE STATE YOUR PREVIOUS ADDRESS:

WEBSITE: **www.** _____

E-MAIL: _____

TELEPHONE No.: _____ FAX No.: _____

TYPE OF BUSINESS (Please tick where appropriate):

SOLE TRADER: [] PARTNERSHIP: [] PLC: []

LIMITED COMPANY: [] LLP []

REGISTERED No.: _____ INDUSTRY / SECTOR: _____

MAXIMUM MONTHLY CREDIT LIMIT REQUIRED: £ _____

NAME AND ADDRESS OF BANK: _____

SORT CODE: _____ - _____ - _____ ACCOUNT No.: _____

BRANCH / BUSINESS MANAGERS NAME: _____

(Please print)

BRANCH / BUSINESS MANAGERS TEL No.: _____

BRANCH / BUSINESS MANAGERS FAX No.: _____

By signing and returning this Application Form, we are agreeing to your terms of payment i.e. monthly statement to be settled by 12th of the month following the date of invoice.

Signed: _____ Date: _____

Name: _____ Title: _____

(Please print)

(Please print)

Please Note: Only to be signed by an authorised signatory



Travel Services



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