

account application form

Company Details

Company Name _____ Registration Number _____
Trading Name *(if different)* _____ Finacial Director _____
Address _____

Telephone _____ email _____
Fax _____

Banking Details

Name of Bank _____ Branch _____
Address _____

Name of Account _____ Account Number _____
Sort Code _____

Accounting Information

Preferred form of payment *(choose one)*:
 BACS/Direct Debit*
 Invoiced Account*
 Credit Card

Pass Invoices to _____

Authorised Personnel

The following staff are authorised to make bookings through McNeill Business Travel

Trade References

You must have held an operational credit account with the below companies for a minimum of two years.

Name of Company _____	Name of Company _____
Contact Name _____	Contact Name _____
Address _____	Address _____
_____	_____
_____	_____

I understand that my signature on this form confirms that I have read and understood the terms and conditions of travel

Signature _____ Position _____
Print Name _____ Date _____