V11
 STREETWISE COURIERS - Account Application Form

 Please scan 'signed' Account Application Form, 'signed' Overnight Rate Agreement Form (both pages) and 'signed' Direct Debit form, to the following email address:
 accounts@streetwise-couriers.co.uk.

For office use only Payment terms are: 7 days net / Sales Ref: SWise rate no: A	-	Invoice frequency: weekly g Ref: APC ND/Sat (tic	/ fortnightly / monthly sk if Yes) A/C No:	
RD DA APC HYPASHIP	SAGE Credit Car	d Direct Debit	Intro letter sent on:	
Limited Company Partnership	Sole Trader] (please tick appropriate	e box)	
Registered Office Details: (as shown on Comp	anies House, if a Ltd company)			
Company Name: Company Re		tration No. Please ensure this is filled in (Invoice): Invoice contact name:		
Address:				
Post Code: For Office use only – NOTES:		Please ensure this	s is filled in (Despatch):	
			ame:	
Invoice Address (if different from registered address above): Ma	in Collection/Pick-up Ad	dress (<u>if different</u> from registered address):	
Company Name:	Со	mpany Name:		
Address:	Ad	dress:		
Post Code	 Pc	ost Code	······	
If a Sole Trader or Partnership:	READ			
Date of birth:///		Your invoice email address will be used for sending your invoices to (if you have agreed to this method) and your despatch email address may be used for emailing you information re your account with us, including updates and any information we think our customers may need to be informed about. We will not pass on any of your details to anyone outside our Company.		
Proprietor's Name:		Please tick if you <u>do not</u> wish us to send info to your email address		
Address:				
	Post Code			
Trade references: Please nominate two Compa	anies who supply you freq	uently, whom we could app	proach for <u>trade</u> references:	
Company Name:	Со	mpany Name:		
Post Code Tel No.	Post Code Tel No			
Estimated delivery requirements per week	(cons	ignments)		
IMPORTANT, TERMS: "I agree to and accept the Cond any additional / updated terms which may periodically			reetwise-couriers.co.uk".	
Signed PRINT Name			This form should be signed by: If Partnership – a Partner only	
Position Date:		If Sole Trader – the Proprietor only		
* FYI: We can offer the option of paying by <u>Direct Debit</u> , as well as Which can be obtained from your Sales Representative and				
Your Company letterhead n				