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Business Priority Account Application

(Your immediate response is requested to enable us to setup your account promptly)

Company Name:

Contact Name:

Address:

.....

Tel: Fax:

E-mail: Website:

Accounts Payable Name

Accounts Payable Email

Company Registration Number:

VAT No.

Date of Incorporation: No. of Employees:.....

Nature of Business:

Annual Turnover: Credit Limit required:.....

Bank Name & Address:

Sort Code: Account No.:

Trade References: Please give names of two suppliers

(1) (2)

Tel Tel

Email Email

Declaration

We agree that payments of all accounts will be received by you within your stated credit terms.

Print Name: Title/Position:

Signed: Dated: