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Customer Information

Print Name:

Date:

Account Application Form

Company Name:					
Address Line 1					
Address Line 2					
Address Line 3					
Town / City					
County					
Postcode					
Telephone					
Names of Authorised	d Compa	ny Contacts			
Name		Position		Email	
Proof of Delivery Info	<u> </u>				
		f of Doliverice			
Do you require automated Proof of Deliveries (PODS)?			Yes / No		
If YES, please specify to which email address you			Email:		
would like these sent.					
Accounting Departm	ent Cont	act Information			
Company Registration No			Established Date		
Company VAT No					•
Accounts Contact / en	nail				
Accounts Tel No					
Credit Terms: 30 days for We/I the undersigned acknowledge which appear on a separate docume conditions. The conditions incorpor the Company. By signing this form authority to contractually bind the a	and confirm rent. We/I furth ate in certain of I warrant and applicant and a	eceipt of Royale International Co ner acknowledge that the Compar circumstances limitation and exclu- represent to Royale International	ny's services are usion of liability p Couriers Limited	e provided subject provisions in addit d that I am a repre	only to its Terms of Trading ion to indemnities available to
Signed by Main Conta	ıct:				

Once completed, please email this form, along with a copy of your company's Business Registration Certificate to don@royale.co.uk