

Account Application Form

Customer Information	
Company Name:	
Address Line 1	
Address Line 2	
Address Line 3	
Town / City	
County	
Postcode	
Telephone	

Names of Authorised Company Contacts		
Name	Position	Email

Proof of Delivery Info	
Do you require automated Proof of Deliveries (PODS)?	Yes / No
If YES, please specify to which email address you would like these sent.	Email: Fax No:

Accounting Department Contact Information			
Company Registration No		Established Date	
Company VAT No			
Accounts Contact / email			
Accounts Tel No			

Credit Terms: **30 days from receipt of invoice.**

We/I the undersigned acknowledge and confirm receipt of Royale International Couriers Limited ("the Company") Terms of Trading conditions which appear on a separate document. We/I further acknowledge that the Company's services are provided subject only to its Terms of Trading conditions. The conditions incorporate in certain circumstances limitation and exclusion of liability provisions in addition to indemnities available to the Company. By signing this form I warrant and represent to Royale International Couriers Limited that I am a representative of the applicant with authority to contractually bind the applicant and all information I have provided is accurate and complete.

Signed by Main Contact:	
Print Name:	
Date:	

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