|  |  |
| --- | --- |
| **Account Applying For (Delete As Applicable)** | **CASH/CREDIT** |
| **Registered Company Name** |  |
| **Trading Title (If different from above)** |  |
|  |  |
| **Legal Title *(Please Circle)*** | Sole Trader Partnership PLC Ltd Com |
| **Name of Parent Company (if part of a group)** |  |
|  |  |
| **Company Registration No (if Ltd Company/LLP)** |  |
| **VAT Number** |  |
| **Registered Address** | **Invoice Address** |
| ***If sole trader directors name and home address*** |  |
| Telephone No: |  |
| E-mail: |  |
| ***If sole trader or partnership company please forward three references along with this form.*** |  |
| **Accounts Office Address (if different)** |  |
| Accounts Contact Name:  |  |
| Telephone Number: | E-Mail:  |
|  |  |
| **Bank Name:** |  |
| **Address:** |  |
| Sort Code: |  |
| Account Number: |  |
| **Estimated Spend (Per Month) £** | **Credit Required (Per Month) £** |
| **Details Of Hired In Plant Insurance:** *(Please also include copy of policy certificate)* |  |
| **Expiry Date:** | **Sum Insured:** |
| **How did you hear about Cobra Traffic Management? *(Please Circle)*** | Internet Referral Sales Call Other |

All invoice queries must be raised and brought to our attention within 7 days of receipt of invoice. All invoices must be paid within 30 days from date of invoice. Cobra Traffic Management Limited reserves the right to charge interest on an overdue invoice/ accounts in accordance with The Late Payment of Commercial Debts (interest) act 1998. Signing this agreement is your acceptance of Cobra Traffic Management Limited terms and conditions, a copy of which is available upon request, subject to amendment at any time.

Name: …………………………………….................................................. Position:…………………………………………….

Authorised Signature: ……………………………………………………………. Date:………………………………………………….

|  |
| --- |
| *For Official Use Only* |
| **Account Manager**: |
| Account No: Credit Limit Approved £ |
| Approved By: Date: |