

# ACCOUNT APPLICATION



BRAITHWAITES  
CHAUFFEURS

## Company Details:

Company Name: \_\_\_\_\_

Trading Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Registered Address:  
(If different to above) \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Company Reg. Number: \_\_\_\_\_

Number of Years Trading: \_\_\_\_\_

## Contact Details:

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Further Information:  
(any special requirements) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Accounts Information:

Accounts Contact Name: \_\_\_\_\_

Tel. Number: \_\_\_\_\_

Required Credit Limit (PCM): \_\_\_\_\_

## Information:

**PLEASE COMPLETE  
IN BLOCK CAPITALS  
USING BLACK INK**

### What Next?

- a) Scan the form and email it to:  
**accounts@braithwaiteschauffeurs.com**
- b) Return the form via post to:  
**Braithwaites Chauffeurs,**  
West Clayton, Berry Lane,  
Chorleywood, Hertfordshire WD3 5EX

### Comments/Queries:

For any queries regarding this  
Account Application Form, please  
telephone our Accounts team on  
**0333 121 7777** or email  
**accounts@braithwaiteschauffeurs.com**

**Braithwaites Chauffeurs,**  
West Clayton, Berry Lane,  
Chorleywood, Hertfordshire WD3 5EX



BRAITHWAITES  
CHAUFFEURS

## References: Two trade references required

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i) Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

ii) Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Terms and Conditions of Contract:

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By signing this contract, I authorise Braithwaites Chauffeurs to carry out any credit/reference checks they deem necessary in order to open a credit account.

I understand that credit facilities may be withdrawn at any time without prior notice. Credit facilities may be suspended if payment terms are not adhered to or credit limit is exceeded.

Payment: Braithwaites Chauffeurs no longer accept payment in the form of cheques. All payments must via made via bank transfer.

**Credit terms are 14 days nett from date of invoice.**

Signature

Print Full Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

## Information:

---

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