

# ACCOUNT CREATION REQUEST FORM

Legal Name:
Trading Name:

Trading Address	Invoice Address (if Different)
Postcode:	Postcode
Phone Number:	Phone Number
Fax Number:	Fax Number

Registered Office Address (If Different)	Company Reg. No:
	VAT Reg. No:
	Date of Incorporation:
	Directors:
Postcode	Authorised Signatories:
Phone Number	
Fax Number	

Parent Company / Subsidiaries	Trade Reference (only for Credit Accounts)
	Phone Number

Logistics / Purchasing Manager Contact	Accounts Payable Contact
Name:	Name:
Position:	Position:
E-mail:	E-mail:
Phone:	Phone:
Fax	Fax

Currency: <b>GBP £</b>	Bank Name:
Credit Limit Requested:	Bank Address:
<b>New Accounts – Payment Required at Time of Booking/Release of Bills Credit Account – Only Available after 3 months Trading</b>	Bank Phone No:
	Sort Code:
	Account No:
	Account Name:

Signature:
Name:
Position:
Date:

<b><u>NKR Freight Office Use Only</u></b>
<i>Agency</i>
<i>Sales Person</i>
<i>Account Holder</i>
<b><i>Requests over £30k require MD authorisation</i></b>
<b><i>Credit Limit Granted</i></b>