## **ACCOUNT CREATION REQUEST FORM**

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

Signature:
Name:
Position:
Date:

NKR Freight Office Use Only	
Agency	
Sales Person	
Account Holder	
Requests over £30k require MD authorisation	
Credit Limit Granted	

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