



Corporate Account Application Form

Company Details	
Type of Company	LTD/Partnership/Sole Trader
Company Name	
Trading As	
Trading Address	
Registered Address	
Phone Number	
Fax Number	
Email Address	

Accounts Department			
Name			
Position			
Phone Number			
Fax			
Email Address			
Estimated Monthly Spend (£)			
Type of Journeys (please tick)	Local	Airport/Seaport	Long Distance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Hourly Hire
			<input type="checkbox"/>

Preferred Payment Options & Terms (Please Tick)			
Preferred Payment Terms	7 Day	14 Day	21 Day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			30 day
			<input type="checkbox"/>
Preferred Payment Method	Cash	Debit/Credit Card	BACS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Paypal
			<input type="checkbox"/>

I/We agree to pay the invoices within the timeframes agreed when our account is approved.

I/We confirm that I/We are authorised to make this application on behalf of the company.

I/We apply for credit facilities and agree to the terms and conditions (see attached).

All invoices are subject to VAT.

Name	
Position	
Date	
Signature	

Please send the completed application either by Post to Accounts Department, Star Cars Travel Ltd, Flexspace, Stafford Drive, Shrewsbury, Shropshire SY1 3BF or scan and email to admin@starcarstravel.co.uk