

A.I.D. fuel oils ltd

Instruction to your Bank or Building Society to pay Direct Debits



Originators Identification Number

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Please fill in the whole form and send it to:
A.I.D. fuel oils ltd. Cocksparrow Lane, Huntington,
Cannock, Staffordshire WS12 4PB

1. Name and full postal address of your Bank or Building Society branch.

To: The Manager	
	Bank or Building Society
Address	
	Post Code

2. Name(s) of account holder(s)

3. Branch sort code.

(from the top right hand corner of your cheque)

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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4. Bank or Building Society number.

5. Customer reference number. (Office use only)

6. Instruction to your Bank or Building Society.

Please pay A.I.D. Fuel Oils Ltd. Direct Debits from the account detailed on this instruction subject to the Safeguards assured by the Direct Debit Guarantee.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts



A.I.D. Fuel oils Ltd

Agricultural Industrial Domestic
fuel and lubricant distributors

Associate Company of
A.I.D. Fuel Oils Ltd

Registered Office:

Cocksparrow Lane, Huntington,
Cannock WS12 4BP

Telephone: 01543 506117

Fax: 01543 462484

E'mail: enquiries@aidfueloils.co.uk

ACCOUNT APPLICATION

(PLEASE COMPLETE IN FULL — IN BLOCK CAPITALS)

AC Type	
Reocode	

Registered Name: <input type="text"/>	Registered No: <input type="text"/>
Full Trading Title: <input type="text"/>	V.A.T. No: <input type="text"/>
Group or Parent Company: <input type="text"/>	RDCO Number. (if applicable) <input type="text"/>
State whether : Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/>	
If you would like invoices faxed or emailed, please tick this box and include relevant fax/email details below <input type="checkbox"/>	
Invoice Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Post Code: <input type="text"/>	Main Contact Name: <input type="text"/> Phone No: <input type="text"/> Fax No: <input type="text"/> Mobile No: <input type="text"/> Email: <input type="text"/>
Directors/Partners. Names and Addresses <input type="text"/> <input type="text"/>	
How long established: <input type="text"/>	Nature of business: <input type="text"/>
Estimated monthly credit required £ <input type="text"/>	
Bankers Name and Address <input type="text"/> <input type="text"/> Account Number: <input type="text"/> Sort Code: <input type="text"/> Tel No: <input type="text"/>	
<p>I/We authorise A.I.D. Fuel Oils Ltd., to request a bank status report from the bank account details provided on this application form.</p> <p>I/We hereby apply for a credit account with your company and agree to comply with your terms and conditions.</p> Signed: _____ Date: _____	

PLEASE ATTACH COMPLIMENT SLIP OR LETTERHEAD