

Application Form

Please post us a hard copy of this application form, as we cannot open an account without an original signature.

Direct Debit Details

Simply complete ALL sections in capital letters using a ball point pen and return to:
A.I.D. Fuel Oils Ltd.,
Cocksparrow Lane, Huntington, Cannock, Staffordshire WS12 4PB



A.I.D. Fuel Oils Ltd.



Instruction to your Bank or Building Society to pay Direct Debits

Originators Identification Number

9	3	0	2	2	0
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To: The Manager

_____ Bank/Building Society

Address _____

Town/City _____

County _____ Postcode _____

Name(s) of Account Holder(s) _____

Branch Sort Code

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--	--

--	--

Bank or Building Society Account Number

--	--	--	--	--	--	--	--	--	--

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.

Customer reference number (office use only) _____

Company Details

Registered Name _____

Full Trading Title _____

Group or Parent Company _____

Registered Number _____

V.A.T. Number _____

Company Type (please tick) Limited Partnership

Sole Trader Other _____

How Long Established _____

Nature of Business _____

Company Address _____

Town/City _____

County _____ Postcode _____

Directors/Partners Names and Addresses _____

Town/City _____

County _____ Postcode _____

Contact Details

Contact Name _____

Job Title _____

Telephone _____

Mobile _____

Fax _____

Email _____

Company Website _____

Application Form

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Fuel Requirements

Current Method of Purchasing _____

Other Fuel Cards Held _____

Estimated Monthly Credit _____

Card Details

Card Required (please tick)



UK Fuels



euroShell UK CRT



Texaco fastfuel



Keyfuels Diesel Direct

Company Name to Appear on Card(s) (20 characters max)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Number of Cards Required _____

Driver Name/Registration Number

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Please continue on a separate sheet if you require more than 12 cards.

Do you wish restrict the card(s) to diesel only? (please tick)

Account Management

Would you like to register for free web access? (please tick)

Yes

No

Invoices are normally sent by email. Please state the email address for receiving invoices.

Email _____

Bank Details

Bank Name and Address _____

Town/City _____

County _____ Postcode _____

Account Number

Branch Sort Code

Telephone _____

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.

I/ We hereby apply for a Credit Account with your company and agree to comply with your Terms and Conditions.

Signed _____ Date _____

Please attach compliment slip or letter head.



ASSOCIATE COMPANY OF A.I.D. FUEL OILS LTD.

Registered Office:
Cocksparrow Lane, Huntington, Cannock, Staffordshire WS12 4PB'

Telephone: 01543 465739
Fax: 01543 504506
Email: info@aidfuelcards.co.uk
Website: www.aidfuelcards.co.uk

