



Smat Chauffeur Services

CORPORATE ACCOUNT FORM

Details of Company:

Name of Company:	Country of Incorporation:
Company Registration Number:	Registered Office:
	Postcode:
Nature of Business:	

Telephone Number:	Facsimile Number:
Mobile Number:	E-Mail Address:

Business Address:

Details of Directors

First Name:	Surname:
Residential address of all the directors of the company:	

1)

2)

3)

(An additional sheet of paper can be attached if more space needed)

Estimate of monthly spending on the account: £

Please state the purpose of the account:

Account Details

We will require a: *(please tick where appropriate):*

Corporate Account

Directors Account:

Staff Account:

Other *(please specify)* _____

Will this be your main account:

Yes

No

The Company hereby confirm that by signing this document, we accept that we have read and understand the terms and conditions for account clients and agree to it. We have also read and agree to the company's general terms and conditions in the relevant section on the website at smatchauffeurs.com and are fully aware of and agree to be bound by it. The company hereby apply for an account as specified above to be opened with Smat Chauffeur Services. We understand and agree that whether or not this application is successful, the information contained in this application form may be used by you for the purpose of verifying the company's details, prevention of fraud and for training purposes. We the company understand and agree that our information will not be disclosed to anyone else unless Smat Chauffeur Services is required to do so by law. The company undertake and agree to inform Smat Chauffeur Services immediately in writing of any changes to the information given above.

Schedule Authorised Signatories

Part 1: Description(s), number(s) and combination(s)

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Part 2: Names, positions and specimen signatories

<u>Full Name</u>	<u>Official Position</u>	<u>Signature</u>	<u>Date</u>
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X.....	X.....	X.....	X.....
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X.....	X.....	X.....	X.....
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X.....	X.....	X.....	X.....
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