

FULL TITLE AND BUSINESS ADDRESS

Company Name: _____	
Status: <input type="checkbox"/> Limited Co	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Trader	(If Applicable)
Other (please specify): _____	Full Name of Registered Owners: _____
Registered Address: _____	Home Address: _____
Postcode: _____	Postcode: _____
Tel No.: _____	Contact Name: _____
Fax No.: _____	Position within Company: _____
VAT Reg No.: _____	

BUSINESS / PERSONAL REFERENCE

Name: _____
Address: _____
Postcode: _____
Tel No.: _____

BANKER'S DETAILS

Name: _____
Address: _____
Account No.: _____
Sort Code: _____

I/We, on being granted Credit Facilities for the use of services by Translink, agree to comply with the Translink Operating Companies' (NIRailways / Ulsterbus / Citybus/ Flexibus) credit terms which require remittance of accounts within 28 days from date of invoice.

I/We also understand that the service is provided subject to the Translink Operating Companies' Condition of Carriage and acknowledge the fact that Translink Operating Companies reserve the right to levy for interest on accounts overdue at the statutory rate which shall be chargeable at 2% above the base lending rate until payment is received by the companies.

Signed: <div style="border: 1px solid black; width: 300px; height: 40px; display: inline-block;"></div>	Print Name: _____
	Date: _____

Translink Location Use Only

Location Name: _____	
Authorised Signature of Location Manager: <div style="border: 1px solid black; width: 250px; height: 30px; display: inline-block;"></div>	Date: _____ / _____ / _____

Treasury Dept. Use Only

Agresso Customer No.: _____ / _____	Letter Sent To Customer: YES / NO
Date Set Up: _____ / _____ / _____	Date Letter Sent: _____ / _____ / _____
Treasury Manager Authorisation: <div style="border: 1px solid black; width: 250px; height: 30px; display: inline-block;"></div>	Date Authorised: _____ / _____ / _____