

YES 2 SHIP LTD / Account Application Form

Operational Details

Company Name	<input type="text"/>	Primary Contact	<input type="text"/>
Address Line 1	<input type="text"/>	Position	<input type="text"/>
Address Line 2	<input type="text"/>	Tel	<input type="text"/>
City / Town	<input type="text"/>	Extension (if any)	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>

Secondary Contact

Secondary Contact Tel Extension (If any)

Secondary Contact Email

Accounts Details

Company Name	<input type="text"/>	Accounts Contact	<input type="text"/>
Address Line 1	<input type="text"/>	Position	<input type="text"/>
Address Line 2	<input type="text"/>	Tel	<input type="text"/>
City / Town	<input type="text"/>	Extension (if any)	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>

VAT Registration Number

Company Registration Number

Signed for and on behalf of the above named Company
I confirm I have received a copy and agree with the Standard Terms & Conditions of use.

Print Name

Below to be completed by YES 2 SHIP LTD. Accounts Telephone 0208 754 9000

Rep Code	<input type="text"/>	Date	<input type="text"/>
Score	<input type="text"/>	Status	<input type="text"/>
Credit	Yes / No	If Yes £	<input type="text"/>
Account Number	<input type="text"/>	Signed Off By Yes2	<input type="text"/>

**Complete, scan & email to : accounts@yes2ship.com
Or post to : Yes 2 Ship Ltd. Unit 2 Eversley Way. Egham. TW20 8RG**