



1) CUSTOMER DETAILS

PLEASE COMPLETE SECTIONS 1 TO 6 AND RETURN ALL COMPLETED FORMS IN THE ENVELOPE PROVIDED OR TO THE ADDRESS ON BACK COVER

Company Name

Company Address

Post Code

Home Address

if Non Limited Company

Post Code

Please enclose home address details of all proprietors/partners on a separate sheet, if more than one.

Company Registration Number

No. of Years Trading

Nature of Business

No of Vehicles

Main Contact Name (Mr/Mrs/Miss/Ms)

Telephone Number

Estimated Monthly

Diesel

Card Usage (Litres)

Petrol

Fax Number

Mobile Number

Email Address

In what format do you want to receive your invoices?

Email

or

Hardcopy

How do you currently refuel on road?


If card, please state current supplier

2) OTHER SERVICES

Are you interested in a quote for Bulk Oil?

Yes

No

 Are you interested in a quote for lubricants

Yes

No

3) TRADE REFERENCE

Company Name

Company Address

Telephone No.

Post Code

4) STANDARD INVOICE/PAYMENT TERMS

Invoices are issued on a weekly/monthly basis and payment is by Direct Debit on or before the 20th day following date of invoice. I/We have read the Card Terms and Conditions of Use and agree to abide by them and I/We conform that the information given on this application and direct debit mandate is true and correct. I/We agree and understand that W.R. Kennedy Limited shall not be obliged to accept this application nor to give any reason for refusing the same, nor to enter into any correspondence in regard there to.

Authorised Signature of Company

<input type="text"/>	Date	<input type="text"/>
----------------------	------	----------------------

Full Name of Signatory

<input type="text"/>	Position held in Company	<input type="text"/>
----------------------	--------------------------	----------------------

5) CARD ORDER DETAILS

Card Type - **Fastfuel** **Texaco Diesel Card**

Customer Name (to appear on card) Maximum 20 letters

Number of Cards Required

Other Information Required on Card (e.g. registration Number and/or Drivers Name)

1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				

(Please attach additional sheet if required)

For Office Use Only

DN	W.R. KENNEDY LIMITED
DC	N
AN	
CNF	
CNT	

Direct Debit - Mandate

6) INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBITS

Please fill in this mandate using a ball point pen and return with the new card details form.

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

To: The Manager			
	Bank/Building Society		
Address			
	Post Code		
Name(s) of account holder(s)			

Signature(s) _____	Date(s) ____ / ____ / ____
_____	_____

Originators Identification Number

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

Branch sort code
(from top right corner of your cheque)

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

Bank or Building Society account number

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

For office use only

Reference Number

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

Instruction to your Bank or Building Society

Please pay W.R. Kennedy Limited, Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee

