



Account Application Form

Please complete and return as soon as possible

Company:									
Registration No:									
VAT Number: (if VAT registered)				/				/	
Address:									
					Post Code:				
Contact Person:					Position:				
Phone:					Email:				
Billing Contact Person:									
Phone:					Email:				
Billing Address(if different from above):									
					Post Code:				
Phone:					Email:				
Staff Authorise for Booking 1.:									
Name:					Position:				
Phone:					Email:				
Staff Authorise for Booking 2.:									
Name:					Position:				
Phone:					Email:				
Please note our standard payment terms are 14 days after invoice date.									
We have received and read Danex Drive Chauffeur standard terms and condition of business for supply of temporary staff.									

Signed

Full Name

Designation

Date

Please return to Danex Drive Chauffeurs:

Suite 207, Legacy Centre Hanworth Trading Estate Feltham Middlesex TW13 6DH