

Account Application



OPENING AN ACCOUNT

In order to set up an account, please complete the following relevant sections of the Account Application Form and return it to us.

Once the account has been established we will contact you and introduce you to the travel consultants who will be responsible for looking after your travel needs.

A meeting will be arranged to discuss your Travel Policy and how to best meet your expectations and requirements. At this stage we will also ask your regular travellers to complete a Client Profile Form. This will enable us to automatically action any specific requests, preferences, airline frequent flyer details etc.

ACCOUNT APPLICATION

Part A

Company Name _____

Registered Company Name _____
(if different from above)

Company Reg. No. _____

Length of trading year month

Financial year end _____

Company trading address _____

_____ Post Code _____

Persons authorised to make bookings
(please attach further sheet if required)

Payment Options (✓) please tick

We wish to settle all invoices by company credit card

Visa Mastercard American Express Diners

 Other – please specify _____

Cardnumber _____

Issue number for Switch Card

Name
(as it appears on card) _____

Card valid from date Month Year

Card expiry Month Year

Please send a copy of your credit card showing both sides.

We would be interested to receive any details on Lodged Card Schemes (American Express and Diners). Please request details.

We wish to apply for Credit Account facilities and settle our account monthly. **(Please complete Part B of this form).**

Invoicing

Invoicing/statement address (if different from trading address)

_____ Post Code _____

Principal contact name _____

Position _____

Tel _____

Fax _____

Email _____

Accounts contact name _____

Position _____

Tel _____

Fax _____

Email _____

Optional invoicing requirements

Purchase Order numbers

Cost Centre (ID and description) _____

Other – please specify _____

We will be pleased to discuss with you, your precise invoicing and management information requirements.

Part B Please complete this section if applying for Credit Account facilities.

Bank Details

Name _____

Address _____

Post Code _____

Tel _____

Account Name _____

Account No.

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Branch sort code

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Please enclose with this application a copy of the latest available audited accounts of your company (and its holding company, if applicable).

Trade Reference

Please supply details of a principal supplier which is not a group or related company.

Company _____

Address _____

Post Code _____

Tel _____

Contact Name _____

Credit Limit

Credit limit requested: £ _____
(This should cover at least 6 weeks travel costs)

I/We wish to apply for credit account facilities for the company named in this application.

I/We agree to be bound by the terms and conditions specified below and appreciate that adherence to these terms and conditions is the essence of the contract between us.

I/We warrant that the information given is correct and authorise Tickets Anywhere to contact our bankers and supplier as specified to obtain the necessary references. I/We understand that Tickets Anywhere has the right to decline this application without giving any reason or entering into any correspondence in that respect.

I/We acknowledge our responsibility to notify in writing to Tickets Anywhere any changes to the aforementioned details.

Signature* _____

Name _____

Position _____

Date _____

*Signature must be in accordance with Bank Mandate instructions to enable a Status Enquiry to be made with your Bank.

Signature* _____

Name _____

Position _____

Date _____

*Signature must be in accordance with Bank Mandate instructions to enable a Status Enquiry to be made with your Bank.

TERMS AND CONDITIONS OF TRADE

That the amount of credit outstanding at any time will not exceed the agreed limit.
That the monthly accounts rendered during each calendar month are settled no later than the 10th day of the following month.
Any queries on the monthly statement must be made directly to our accounts department within 7 days of receipt of statement.
That all services ordered by telephone or in writing by the authorised persons noted in the application (or subsequently amended and notified to Tickets Anywhere in writing) will be the responsibility of the account holder.
A credit note for a refundable document will only be issued if (a) The document has been returned to Tickets Anywhere Ltd and (b) Tickets Anywhere has received a refund for the document from its supplier.
Tickets Anywhere reserves the right, at its option, to charge interest on overdue balances at a rate of 2% over the rate of LIBOR. Tickets Anywhere reserves the right to suspend or withdraw credit facilities at any time.

Signature _____
Name _____
Position _____
Date _____