

## Customer Registration Form No.

## PLEASE COMPLETE IN BLOCK CAPITALS

Customer Details		A/C Details	
Name:		Bank Name:	
If not a limited company sta	ate trading title and proprieto	r's names	
Address:		Bank Address:	
Phone No:		A/C No:	Sort Code:
		BIC:	Swift code:
Fax No:		IBAN:	
Email:			
Addressforinvoiceifdifferentfromabove:  Date for commencement of a			encement of account:
Co-registered office:			
Co-registered No:		VAT registratio	n No:
Nature of business:			
I, being an authorised signatory of the above client, instruct Easy2Go Logistics to begin international and domestic transport work on our behalf upon its usual conditions of carriage, full details of which have been received and accepted.			
Position:	Dated:	Print Name:	Signed:
If you have any queries, please contact Account Department: +353(0)14089988, accounts@easy2go.ie			

## Notes

Please note that if our credit terms are exceeded, Easy2Go Logistics reserve the right to incorporate both 5% per day interest charges and debt recovery charges over and above the amount outstanding.