

Customer Registration Form No.

PLEASE COMPLETE IN BLOCK CAPITALS

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A/C Details

| Name: | Bank Name: |
|---|-----------------------------------|
| If not a limited company state trading title and proprietor's names | |
| Address: | Bank Address: |
| Phone No: | A/C No: Sort Code: |
| Fax No: Email: | BIC: Swift code: |
| | |
| Addressforinvoiceifdifferentfromabove: | Date for commencement of account: |
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| | |
| Co-registered office: | |
| Co-registered No: | VAT registration 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: |
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If you have any queries, please contact Account Department: +353(0)14089988, <u>accounts@easy2go.ie</u>

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.