

## CREDIT APPLICATION FORM

Please save to your computer before completing

### REAL Finance details (To be updated by REAL)

New account number

Account name

### Contact details

Name

Position

Telephone no.

Fax no.

Email

### Billing requirements - please tick

Fortnightly

Monthly

### Methods of payment - please tick

Direct Debit \*

BACS \*\*

Cheque

Credit card

### People authorised to book

### Customer details

Name

Position

I accept that I am authorised to enter this agreement on behalf of the company noted above. By signing this agreement I acknowledge acceptance of REAL Transfers Terms & Conditions of business.

Signature

Date

### Company information

Company registration no.

Company name

Company registered address

Postcode

Trading address (if different)

Postcode

Nature of business

VAT registration number

### Accounts department contact details

Contact Name

Contact Position

Telephone no.

Fax no.

Email

### Tick for online booking & reporting

Yes

No

Have you previously had an account with us?

Do you have any other accounts with REAL Transfers?

If YES, what is your account number?

Is a reference required with each booking?

If YES, please list? E.g. transfer code, purchase order number etc.

Will you issue a purchase order before billing?

Please download to your computer before filling and submitting this interactive PDF form.

**\* INFORMATION WILL BE E-MAILED ON ACCOUNT ACTIVATION**  
**\*\* OUR BANK DETAILS ARE AVAILABLE UPON REQUEST**  
**PLEASE CALL BACK TO 020 8240 4456**