



ACCOUNT APPLICATION FORM

YOUR COMPANY DETAILS

COMPANY NAME

ADDRESS:

TOWN/ CITY:

COUNTY:

POSTCODE:

CONTACT NAME:

JOB TITLE:

ACCOUNTS E-MAIL ADDRESS (for e-Invoices)

ADDITIONAL E-MAIL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

NATURE OF
BUSINESS:

COMPANY REGISTRATION NUMBER

YOUR COLLECTION ADDRESS

COLLECTION ADDRESS:

TOWN / CITY:

COUNTY

POSTCODE:

CONTACT NAME;

JOB TITLE:

E-MAIL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

Head Office

Delivery Solutions
Bryn Warehouse
Caernarfon
Gwynedd
LL55 1TU

Tel: 01248 679933

Fax: 01248 679944

PLEASE RETURN THIS FORM TO MELISSA

E-MAIL customerservice@deliverysolutions.uk.com

FAX 01248 679944



**Please provide two Trade Reference's
and return with account application form to Melissa on 01248 679944**

TRADE REFERENCE 1

ADDRESS:

TOWN/ CITY:

COUNTY:

POSTCODE:

CONTACT NAME:

TELEPHONE NUMBER:

TRADE REFERENCE 2

ADDRESS:

TOWN / CITY:

COUNTY

POSTCODE:

CONTACT NAME;

TELEPHONE NUMBER:

NOTES:

PLEASE RETURN THIS FORM ALONG WITH YOUR COMPANY LETTER HEAD TO MELISSA

E- MAIL customerservice@deliverysolutions.uk.com

FAX 01248 679944