

**James Shaw & Son
Haulier Supplier Form**

COMPANY DETAILS			
Company Name			
Address			
Tel No:			
Date of Company Formation		Company Registration No	
VAT Registration Number		Is your company part of a wider group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which one and for how long?			
CONTACT DETAILS			
	Name	Phone Number	E-Mail Address
Operations Manager			
Day-to-Day Operations			
Accounts			
Admin			
BANK DETAILS			
Bank Name			
Bank Address			
Sort Code		Account No	
Swift		IBAN	

Copies of your Bank Details on company letter-headed paper, O-Licence and Insurance Certification must be returned with this form

Please note that our payment terms are strictly 30 days month end

We hereby certify that the above information is true and correct

Supplier Agreement (Print Name & Job Title)			
Signed		Date	
JAMES SHAW & SON OFFICE USE ONLY			
Register No:	Date		
Set Up by:	Date		
Approved by:	Date		