v082021

New Client Application Form

FOR CORPORATES

PLEASE COMPLETE USING BLOCK CAPITALS.

Please return the completed form and any accompanying documents to Jersey Post, Business Support Team, Postal Headquarters, JERSEY, JE1 1AA or **business@jerseypost.com**

1. Contact Information		
Company Name:		
Registered Company Number:	Date of Incorporation:	
Country of Incorporation:		
Postal Address:	Billing Address:	
Type of Business:	Postcode:	
GST no/provide ISE Certificate:	Telephone:	
Website:		
Email Address:		
2. Credit Application		
We wish to apply for an account and request a credit limit of:	£	
Name of current banker:		
Name & address of two current suppliers willing to provide a credit reference: Current credit terms:		
For Corporate Account Credit to be considered please supply a copy of the following statutory documents :		
Certificate of incorporation Register of directors	Register of members Register of secretaries	



3. Bankers Reference Request Form	
Address as per bank account details:	
	Postcode:
	Tostcode.
To: The Manager:	Bank Plo
Address:	
	Postcode:
Account No: Sort Code:	-
You are hereby authorised to provide a reference to Jersey Post, our means and standing and our trustworthiness in so far as it re	
Authorised Signatory	
For all prices and T&C's please refer to our current Postal and Pri at www.jerseypost.com.	ces Schedule for business account customers which can be found
Signature:	Position:
Print Name:	Date: dd / mm / yy
For and on behalf of Jersey Post:	
Signed:	Title:
Print name:	Date: dd / mm / yy
For official use only	

Date

References:

Open:

Initials



Date

Authorisation:

Initials

Date

Received:

Credit:

Initials