PLEASE COMPLETE & RETURN ORIGINAL TO:

COUNTRYWIDE FARMERS
AUTOGAS FREEPOST (WR445)
DEFFORD
EARLS CROOME
WORCESTER WR8 9BR

TEL: 01386 757338 FAX: 01386 757382
E-MAIL: AUTOGAS@COUNTRYWIDEFARMERS.CO.UK

ENQ. NO.

countrywide

ACCOUNT NUMBER

APPLICATION FOR OPENING AN AUTOGAS KEY ACCOUNT

Account Name: Address: Postcode: Tel No: Mobile No: E-mail:	**OFFICE USE ONLY** Key Number: **OFFICE USE ONLY** Price (Excluding VAT): **N.B. The price quoted may vary from time to time upon reasonable notice from Countrywide LP Gas Limited.**
Contact Name: (if different from above)	**OFFICE USE ONLY** General Account Number (if applicable):

Business Name (if applicable):

Address:

Postcode:

E-mail: Tel No: Fax No:

PLEASE COMPLETE ALL DETAILS:

Vehicle Make & Model …… Vehicle Engine Size (cc) ……

Vehicle Gas Tank Size: …… Vehicle Registration No: ……

Preferred PIN Number (4 Digits): …….. Do you require odometer (mileage) details to be entered? Yes / No

PAYMENT IS MADE BY DIRECT DEBIT ONLY. PLEASE COMPLETE & SIGN THE ENCLOSED DIRECT DEBIT MANDATE. ITEMISED INVOICES WILL BE SENT ON A MONTHLY BASIS AND OUTSTANDING BALANCES WILL BE TAKEN ON THE 15TH DAY OF THE MONTH.

Bank Name: Bank Address: Postcode: Tel. No: Account Number: Sort Code:	Please state your previous address if you have moved within the last three years: Previous Address: Postcode: I/We hereby confirm that the above details are complete and correct. I/We hereby apply for an LPG Trading Account with Countrywide LP Gas Limited and undertake to abide by the Company's trading terms. Signed:_____Date: _____

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Name of Account Holder .....

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of Bank or Building Society

To the Manager Bank/Building Society

_____

Address _____

_____

_____ Postcode _____

Originator's Identification Number

8	3	0	8	3	2

DIRECT Debit

Reference Number (OFFICE USE ONLY)

Instruction to your Bank or Building Society. Please pay (Countrywide LP Gas Limited) Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee, I understand that this instruction may remain with (Countrywide LP Gas Limited) and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) _____

Date_____

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts