

CUSTOMER INFORMATION FORM

New Account □	Change to Legal Entity \Box	Sub-Account □	Update Existing Account \square
LOCAL CONTACT INF consignments)	ORMATION (The local	ation where we norma	lly collect your outbound
Company Name			
Street Address			
Area			
Town/City			Postcode
Contact Name			Telephone No. (Direct Line)
Email Address			Mobile Number
FINANCE CONTACTS			Tick if Same as Above □
Street Address			
Area	-		_
Town/City			Postcode
Contact Name			Telephone No. (Direct Line)
Email Address to which	SALES INVOICES should be sen	it	
Email Address to which	STATEMENTS OF ACCOUNT sh	ould be sent	
Company Registration No.		VAT Registration Number	
	rtaken is subject to our Terms and Con		ompany's account with Priority Express it terms strictly 30 days nett. Invoice queries
Customer Signature		Dated	
Printed Name		Job Title	

Bristol Office

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