

Customer Account Application Form

Please complete the form below. Completed forms should be posted to Isle of Man Post Office, Finance Department, Postal Headquarters, Douglas, ISLE OF MAN, IM2 1AA

Registered name of Company			
Company Registration number			
VAT Registration number			
Registered Office Address			
Type of business			
Are credit facilities required? Y/N			
* Minimum Annual Spend £5000 sterling	Estimated annual spend in Sterling = £		
Name and address of Payment Company (if different from above) and relationship with main company (e.g. Holding Company)			
Bank name and address			
Account Name			
Account Number		Sort Code	
Principal Director and place of residence			
Address to which accounts should be sent (if different from Registered office address)			
Telephone number			
Contact name		Email	

Signed in acceptance of Terms and Conditions *Terms & Conditions available at www.iompost.com		Date	
Name			
Position in company			
References			
1. Trade Reference	Please supply two Trade References (please note that we do not accept utility company references)		
a) Contact name			
Company			
Address			
Vendor Account Number			
Vendor Account Name			
2. Trade Reference			
b) Contact name			
Company			
Address			
Vendor Account Number			
Vendor Account Name			

For Post Office Use Only	
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Isle of Man Post Office takes your privacy seriously. The information you provide on this form, will only be used for the delivery of this service and held in accordance with the Isle of Man Data Protection Legislation. For the full Privacy Notice for this service please visit www.iompost.com/Privacy or a paper copy can be obtained by writing to the Data Protection Officer, Isle of Man Post Office, Postal Headquarters, Spring Valley Industrial Estate, Douglas, IM2 1AA.

BANK CONSENT FORM

Please complete the form below and return a hard copy in the post to:-

**Finance Department
Isle of Man Post Office
Postal Headquarters
Douglas
ISLE OF MAN
IM2 1AA**

This will be sent to your bank to request a reference.

Please note that you may incur a fee associated with this and you are advised to check with your bank for details and cost.

To The Manager

Bank name and address			
Account name			
Account number		Sort Code	

Please accept this as my/our authorisation to debit the aforementioned account with any fee that may apply in order to provide a banker's reference to Isle of Man Post Office.

Yours faithfully

Signature:

Name:

Position:

Date: