



Customer Application Form

DETAILS OF APPLICANT

PLEASE PRINT CLEARLY

Name of Company

If sole trader or partnership, correct legal entity should show sole trader or all partners' names as per the following example: F Smith & J. Brown trading as Brown's Haulage

Full Postal Address *

	Postcode

* If less than 2 years at current address, please state previous address below

Previous Full Postal Address (if required)

	Postcode

Main Contact Name
Mr/Mrs/Miss/Ms/other

Tel No:	Fax No:
	VAT No:

Email Address

For Limited Companies

Date of Incorporation Co. Reg. No

Main Business Activity

Name of ultimate parent Company

Valero (Office Use Only)

Forwarded to Credit <input type="text"/>	Sent By <input type="text"/>
Approved <input type="text"/>	On Hold <input type="text"/>
Rejected <input type="text"/>	
Estimated Annual Volume (litres) <input type="text"/>	Monthly Volume (litres) <input type="text"/>
Line Credit Required (£) <input type="text"/>	Payment method eg: Rolling / Direct Debit <input type="text"/>
Remarks <input style="width: 100%; height: 40px;" type="text"/>	

Please provide details of sole proprietor / all directors / all partners. Use an additional sheet if there are more than two.

Full Name and Date of Birth Home Address			(DD)	(MM)	(YY)
					Postcode

Full Name and Date of Birth Home Address			(DD)	(MM)	(YY)
					Postcode

BANK DETAILS

Branch Name and Address		
	Sort Code	Account Number

TRADE REFERENCES

1. Company Name and Address		
	Contact	Tel No.

2. Company Name and Address		
	Contact	Tel No.

TERMS AND CONDITIONS / DATA PROTECTION ACT

I/We have read the Terms and Conditions and agree to abide by them. I/We agree and understand that Valero Energy (Ireland) Limited shall not be obliged to accept this application nor give any reason for refusing the same, nor to enter into any correspondence in regard there to.

I acknowledge that a credit search may be conducted with a credit reference agency, which will keep a record of that search and will share that information with other businesses.

PLEASE SUBMIT YOUR LATEST AUDITED ACCOUNTS OR FINANCIAL STATEMENTS WITH THIS APPLICATION

Authorised Signature			Date
Full Name of Signature			
Position Held			



Instruction to your Bank to pay Direct Debits

Originators Identification No.(OIN)	9	9	2	8	6	7
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Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:

**Credit Manager
Valero Energy (Ireland) Limited
1st Floor Block B
Liffey Valley Office Campus
Quarryvale, DUBLIN 22**

Originators Reference	
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1 To the Manager of (Bank/Building Society/Credit Union Name & Address)

Bank Branch

2 Name of account holder

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3 Sort Code
&
Account Number

		-			-		

4 Your instructions to the Bank/Building Society/Credit Union, and your Signature

- I instruct and authorise you to pay Direct Debits from my account at the request of Valero Energy (Ireland) Limited.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank if I wish to cancel this instruction. I shall also so notify Valero Energy (Ireland) Limited of such cancellation.

Signature (s)..... Date

<p>Direct Debit Guarantee</p> <ul style="list-style-type: none"> • This is a guarantee provided by your own Bank as a Member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate. • If you authorise payment by Direct Debit, then <ul style="list-style-type: none"> ○ Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account ○ Your Bank will accept and pay such debits, provided that your account has sufficient available funds • If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your Bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account. • You are entitled to request a refund of any Variable Direct Debit which exceeded the amount which you could reasonably have expected, subject to you so requesting your Bank within a period of 8 weeks from the date of debiting such Direct Debit to your account. • You can instruct your bank to refuse a Direct Debit payment by writing in good time to your Bank. • You can cancel the Direct Debit Instruction by informing your Bank in good time.

