

SUBCONTRACTOR INFORMATION

Name.....	Vehicle Model.....
Address.....	Vehicle Reg.....
.....	Mobile Number.....
.....	Home Number.....
.....Post Code.....	Vat Number.....
Is your vehicle Unsignwritten? YES / NO	What Colour is your vehicle?.....
Your Tax Reference Number.....	(This is available from your Accountant/Tax Office)
Your Bank Account Number.....	Sort Code..... Bankers.....

Do you hold valid Motor Liability Insurance?	YES* / NO	Is the cover Fully Comp or Third Party.....
Do you hold valid Public Liability Insurance?	YES* / NO	What is the limit of cover in £'s.....
Do you hold valid Goods in Transit Insurance?	YES* / NO	What is the limit of cover in £'s.....
Do you hold valid Employers Liability Insurance?	YES* / NO	What is the limit of cover in £'s.....

Please ensure that copies of your insurance together with DRIVING LICENCE are returned with this form.

Please answer these questions carefully as it will seriously effect the quantity of work we might be able to supply you

Do you provide your services at Weekends?	YES / NO	Do you mind early starts / late finishes?	YES / NO
Do you undertake Republic of Ireland Deliveries?	YES / NO	Do you undertake European Deliveries?	YES / NO
Do you undertake Multi-drop Deliveries?	YES / NO	Do you consider yourself to be 'On Call'?	YES / NO

On receipt of suitable invoice and P.O.D we will pay directly into your nominated account within 30 days from date of invoice
 If are interested in becoming a subcontractor for our company please complete this form with ALL requested information,
 attach copies of your insurances and especially your driving licence. As soon as the information is received we will add you to
 our database of drivers. As previously stated, flexibility is the key to you becoming a regular, first choice subcontractor with us.

Signed on behalf of subcontractor..... Date.....

OFFICE USE ONLY
 Motor chk _____ Pub chk _____ Emp chk _____ Licen chk _____ Tax chk _____

Form for review in _____