

Application for A Business Travel Account

Name of Company	
Address	
Postcode	
Telephone / Fax	/
Email Address	

Authorised Travel Arrangers

Directors Names	1	
	2	
Account Contact	1	
	2	
Additional Contacts	1	
	2	
	3	
	4	
Signature of Applicant		Date
Name of Applicant		
Registered Company Number		
Please indicate here if you object to a company credit check		

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TERMS AND CONDITIONS – Please complete one section only

Credit Account

- Full payment to be made by the 10th day of the month following date of invoice
- Travellers Cheques and Foreign Currency and Charter Flights – payment to be made by cash, credit card, BACS or company cheque at the time of transaction
- Any travel related services ordered by authorised persons remain the responsibility of the company

Signed on behalf of the named Company

Signature	
Print Name	
Position in Company	
Date	

BACS Payments

Please indicate if paying by BACS

Yes		No	
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NatWest

89 Mount Pleasant Road,
Tunbridge Wells
Kent,
TN1 1QJ

Account Number	78134269	Sort Code	55-70-13
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Please ensure you supply our accounts department with remittance advice

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Credit Card Account

- Full payment to be made by credit card as follows (PLEASE SELECT):

VISA / MASTERCARD / AMERICAN EXPRESS / DINERS CARD

Card Number	
Expiry Date	
Security Number	
Name Printed on Card	

Signed on behalf of the named company

Signature	
Print Name	
Position in Company	
Date	

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Travel Insurance

In line with EC Directive, I confirm that:

- My firm's staff are fully covered by adequate ongoing medical, personal liability and loss insurance whilst travelling abroad
- My firm's staff must be covered by Travel Insurance as in above to be offered by BALDWINS TRAVEL when they make the travel arrangements
- My firm's staff will make their own insurance arrangements and indemnifies BALDWINS TRAVEL against any responsibility or claim in this respect

Signature	
Print Name	
Date	

Emergency 24 Hour Service Disclosure

Baldwins Travel offer all our corporate accounts access to our free emergency out of hours service. If you would like to ensure your credit facilities are secure and controlled, please complete our disclosure below.

Our company and its staff wish to have access to Baldwins Travel out of hours emergency service. We take full responsibility for providing and the security of both the telephone number and password.

We would like our password to be..... and will advise Baldwins Travel in writing to a change in password every 3 / 6 / 12 months

Failure to provide a password will result in your credit account facilities being accessible to your travellers and your employees

Signature	
Date	