## **Drive Midlands Automotive Partnership Application Form**



Please complete scan and return to: FAO Drive Midlands: enquiries @drivemidlands.co.uk Please tick:

Please tick:				
Small < 50 employees £550 p.a	Med < 250 employees £750 p.a	Large < employ £1200	yees	Associate £1000 p.a
Contact Information	tion			
Contact Name		Direct Tel		
Position		Mobile No		
Company Fax		Website		
Company Tel		Company		
Contact Email		Name		
		Company Address		
Method of Paym Please choose a paymer	ent nt schedule and complete:			
Annual Payment			Monthly S	tanding Order
Purchase Order No:			Bank name & address:	
Account No:				
Sort Code:				
I certify that the information in this form is accurate, and that I have read and agreed to the enclosed Terms & Conditions.				

Print Name:

Signed:

Date:

