



Please complete this form in conjunction with a new account application form or new/existing billing unit.

When filling out this form by hand, please complete in BLOCK CAPITALS and in black ink. When filling out this form on screen, please use the

tab key to move between	the r	ele	var	nt f	ielo	ds.	En	su	re	yo	u d	lo I	no	t u	se	th	e re	etu	ırn	or	en	ter	ke	ys.													
Business/ Organisation name		I	I					I																				I	I				I				
Billing Unit name		Ι	I	Ι																								Ι	Ι				Ι	Ι	Ι		
Existing Billing Unit number (if applicable)																_																					
Please refer to your Relati	onsh	nip	Ма	ına	ge	r if	yo	u h	ıov	re c	any	y q	ue	sti	on	s.																					
Section 1. Lodge Accoun	t (RF	BS	Inte	err	nat	ior	nal	Oı	ne	Ca	ırd)																									
A Lodge Account allows for procurement spend to be consolidated through a single payment account that is lodged securely with your preferred suppliers. It provides a convenient and integrated payment method for authorised users to purchase goods/services with your key suppliers and provides centralised reporting of expenditure.															∍y																						
Important information p a Corporate booking tool undertake general interne	or C	orp	oor	ate	pu	ırc	has	sin	g s	ys	ter	n١	wit	h s	ec	ur	e a	СС	ess	s co	ont	rol	s. L	.00													igh
1.1. Lodge Account deta	ils (N	lot	av	aile	abi	le f	or	inc	div	id	ua	ls)																									
Lodge Account name (ma	x 21	ch	aro	ıcte	er i	nc	l. s	pa	ces	s)	_			_	_	_	_	_			_	_			_	_											
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Correspondence address	F	A	A C	5				Ι																				I	I	I		L	I		I		
(only required where state	emer	nts	are	e be	ein	g p	os	tec	d to	y	ou))																									
Address line 2		Ι	Ι	I				Ι			Ι																	Ι	I	I			I	I	I		
Address line 3			Ι	Ι				Ι										I											Ι	Ι			Ι	I	Ι		
Address line 4			I	Ι				Ι										I											Ι	Ι			Ι		Ι		
Postcode			I					Ι																													
Authorised Signatory/ Pro	ograi	mn	ne /	٩dr	mir	nist	rat	tor	· en	na	il a	ıdd	lre	SS																							
			I	Ι				I																					Ι				I		I		
Mobile/telephone number	-	I	Ι					Ι																													
Security password								Ι																													
1.2 Lodge Account detail	ls																																				
Is a single transaction limi	t rec	ղuir	red	for	r aı	uth	ori	sai	tio	n p	ur	ро	se	s?																							
	Yes	; <u> </u>	X	1	Vo	\geq																															
If 'Yes', how much?			I	I				I																													
Monthly credit limit required			Ι																																		

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(This should equal one month's anticipated spend)

Please indicate if the Lodg	је Ассо	unt is t	to be o	pene	d on	a ne	w or	exis	sting	billir	ng u	nit:												
New billing unit	- as per the new account/billing unit application accompanying this form																							
Existing billing unit	ng billing unit - please ensure the billing unit name and account number is provided at the top of this form																							
Authorisation by the bus	iness/o	rganis	satior	1																				
Signed in accordance with Amendment Forms.	n the ca	rd pro	gram	me A	ccou	int Ap	plico	atio	n For	m, c	or as	s am	nende	ed by	/ pre	evio	usly	con	nple	ted				
Authorised signature(s)																								
									D	ate	D	D	MI	ИΙΥ	′ Y	ΊΥ	Υ							
Name (title, first name and	d surnaı	me)																						
Authorised signature(s)																								
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Name (title, first name and	d surnaı	me)																						
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RBSI 697 Jul 2021 RBSAddff