



FPAL Application Form



Company Details

Title: _____ **First Name:** _____ **Telephone:** _____

Surname: _____ **Fax:** _____

Job Title: _____ **E-mail:** _____

Company Name: _____ **Website:** _____

Address: _____ **VAT Number:** _____

_____ **Postcode:** _____

Service Options

<u>FPAL Option 1:</u>	<u>Price Per Year</u>
Standard Registration includes: Advanced Registration Questionnaire, Performance Feedback Inclusion in the Global Oil and Gas Directory	£640.00+VAT* <input type="checkbox"/>
<u>FPAL Option 2:</u> FPAL Standard Registration + Notice	£975.00 +VAT* <input type="checkbox"/>
<u>FPAL Option 3:</u> FPAL Standard Registration + Verify	£2,240.00+VAT* <input type="checkbox"/>
<u>FPAL Option 4:</u> FPAL Standard Registration + Notice + Verify	£2,575.00+VAT* <input type="checkbox"/>

* Non UK-based suppliers within EC countries MUST provide their VAT registration number if they wish to be exempt from payment VAT@15.0%

Payment Details

	Tick as Appropriate	
I enclose a cheque payable to First Point Assessment	<input type="checkbox"/>	Amount Enclosed: _____
I have transferred by BACS/CHAPS/SWIFT	<input type="checkbox"/>	Amount Transferred: _____ Date of Transfer: _____
Please charge our Mastercard/VISA Credit Card	<input type="checkbox"/>	Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Valid From: _____ Expires End: _____		Cardholders Name: _____
Issue No: _____		Cardholders Signature: _____

Bank Details

Name: Lloyds TSB Bank Plc
 Address: City Office, PO Box 72, Bailey Drive, Gillingham Business Park, Kent, ME8 0LS
 Swift Code: LOYDGB2LCTY
 Sort Code: 30-00-02
 Account No: 00476507
 Account Name: Achilles Information Ltd- FPAL A/C
 IBAN: GB76 LOYD 3000 0200 4765 07



First Point Assessment (FPAL)

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