

FOR OFFICE USE:		
A/C No:		
Monthly D/D Amount:		
A/c opened by:		
Date Opened:		

Please return completed form to:

Regency Oils Ltd, 15 Marine Place, Buckie, Moray, AB56 1UT email: office@regencyoils.co.uk • Tel: 01542 832327 • Freephone: 0800 838 500

REGENCY AUTOMATIC TOP-UP SERVICE APPLICATION

Customers wishing to join the Regency Automatic Top-Up Service are requested to complete all applicable sections, in block capitals. A Direct Debit Form must also be completed and returned with this Application.

Customer Name:		
Customer Address:		
Postcode:		
How long at this address:		
If less than 3 years, please state p	previous address and postcode:	
Email:	Tel No:	
Statements will be emailed month	nly	
Past/ Estimated Fuel Cost for Year	ar:	
Monthly Fuel Direct Debit Paymer	nt will therefore be:	
Please state the date of each mor	nth, you would like your "Monthly Fuel Direct Debit" payment taken from your bank account:	
	e terms and conditions. I/We understand that Regency Oils shall not be obliged to accept this application nor give any reason for refusing the ard thereto. I/we confirm that all information given in this application, is in all respects true and accurate.	
securely, in confidence and <i>Processed</i> for the puwith and disclose the data to credit reference ag	2018 Protection Act 2018 ("The Act") along with the GDPR Legislation 2018. Where I/We provide you with personal data ("data"), I/We understand the purpose of carrying out your fuel supply business and associated activities ("Activities"). In considering my/our application, I/We accept that you gencies, banks, credit insurers and other responsible organisation outside your business that you have nominated ("third parties"), and that sugand that under the Act I/We have a right to know what data you hold on me/us if I/We apply to you in writing and pay the applicable fee.	u may consult
Signature:	Name in Block Capitals:	
Position:	Date:	

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16.01.19

Issued and Authorised by PA Milne