



REGENCY OILS LTD

SUPPLYING FUELS AND LUBRICANTS SINCE 1957

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

FOR OFFICE USE:

A/C No: _____

Monthly D/D Amount: _____

A/c opened by: _____

Date Opened: _____

REGENCY MONTHLY BUDGET PLAN APPLICATION

Customers wishing to join the Regency Budget Plan 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 previous address and postcode: _____

Email: _____

(statements will be emailed to you monthly)

Tel No: _____ Mobile Tel No: _____

Past/ Estimated Fuel Cost for Year: £ _____

"Monthly Fuel Direct Debit" payment will therefore be: £ _____

Please state the date each month, you would like your "monthly fuel direct debit" payment taken out of your bank account: _____

YOUR DECLARATION

I/We confirm that I/We have read and accept the terms and conditions. I/We understand that Regency Oils shall not be obliged to accept this application nor give any reason for refusing the same, nor enter into any correspondence in regard thereto. I/we confirm that all information given in this application, is in all respects true and accurate.

Data Protection Act 2018 / GDPR Legislation 2018

Words shown in *italics* are defined in the Data Protection Act 2018 ("The Act") along with the GDPR Legislation 2018. Where I/We provide you with *personal data* ("data"), I/We understand that the data will be held securely, in confidence and *Processed* for the purpose of carrying out your fuel supply business and associated activities ("Activities"). In considering my/our application, I/We accept that you may consult with and disclose the data to credit reference agencies, banks, credit insurers and other responsible organisation outside your business that you have nominated ("third parties"), and that such third parties may process the data I/We understand 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.

Signature: _____ Name in Block Capitals: _____

Date: _____