

Application to open a JT Business Account



Please complete this form in full. A copy of the a certificate of registration is required with this form and you will need to complete a specific Service form with this application.

Limited Company or Partnership details

Company name				
Registration number	Date of incorporation	DD	MM	YYYY
Authorised signatory (name)		Contact telephone number		
Position held		Contact mobile number		
Email address				
Authorised signatory (name)		Contact telephone number		
Position held		Contact mobile number		
Email address				

Billing details (the address you would like us to send your bills to)

Billing address
Postcode

If you (personal or limited company applicant) have been at the above address for less than three years, please give previous address

Previous address
Postcode

Payment option

I would like to pay by Direct Debit and have completed a 'Direct Debit Form', which I am returning with this application, authorising JT to debit the full amount billed to me monthly from my bank account.

Billing options (Tick preferred option)

<input type="checkbox"/> Paper bill by post	<input type="checkbox"/> Paperless bill by email	Email address
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Personal information: To provide services to you, we need to handle personal information about you and this will be processed in accordance with the Data Protection (Jersey) Law 2018 / Data Protection (Bailiwick of Guernsey) Law 2017 and in accordance with our Data Protection Notice which can be found at www.jtglobal.com/GDPR. By completing this form you are consenting to us using this information to provide you with service(s). Your information will be retained for up to a maximum of 6 years after the end of your contract with us. You have a right to ask for a copy of the information held about you in our records. If you require us to correct any inaccuracies please email customer.services@jtglobal.com. Full details of your rights can be found at www.jtglobal.com/GDPR.

We will also use your personal information for the purposes of our legitimate interests; namely to keep you updated with news about our products and services, run credit checks where necessary, and share your information within the JT group of companies who may send you details of other goods and services which may be of interest to you.

Please confirm you wish to receive these types of marketing communications, by ticking this box.

The marketing preference options you select will not affect the delivery of your bill.

Signature

I/We are at least 18 years of age and make this application having understood all applicable Conditions and service charges concerning this contract. I/We understand and agree that I/we will be responsible for all charges as applicable including any Minimum Contract Period charges.

Signature(s)	<input type="text"/>	Position held	<input type="text"/>		
Print name	<input type="text"/>	Date	DD	MM	YYYY

Please Note: Applications should be accompanied by Photocopy of Certificate of Incorporation; Photocopy of Register of Directors; and a brief summary of the company. Applications by Partnership should be signed by a partner 'for and on behalf of' the Partnership. Applications by Limited Companies should be signed by an authorised signatory 'for and on behalf of' the Company.