



Logistics & Distribution

APPLICATION FOR CREDIT FACILITIES PLEASE FAX BACK ON 020 8853 2502

NAME OF COMPANY: _____

TRADING ADDRESS: _____

DIRECTORS NAMES: _____

TEL NO: _____ FAX NO: _____ EMAIL: _____

REG NO: _____ VAT NO: _____

IF PARTNER/SOLE TRADER (NAME & PRIVATE ADDRESS):

ACCOUNTS OFFICE: _____

CONTACT: _____ TEL NO: _____

ANTICIPATED MONTHLY EXPENDITURE: £ _____

HOW DID YOU HEAR OF OUR COMPANY?: _____

BANKER'S REFERENCE

NAME OF BANK: _____

ADDRESS: _____ BANK ACCOUNT NUMBER: _____

TRADE REFERENCES

1. _____

2. _____

CONDITIONS OF TRADING

I HEREBY REQUEST CREDIT FACILITIES OF 30 DAYS. YOU MAY CONTACT THE REFEREES ABOVE TO DETERMINE OUR CREDIT WORTHINESS. I UNDERSTAND THAT IF CREDIT FACILITIES ARE GIVEN THAT I WILL BE BOUND BY THE CONDITIONS OF TRADING A COPY OF WHICH IS AVAILABLE UPON REQUEST. WE RESERVE THE RIGHT TO CANCEL CREDIT FACILITIES AT ANY TIME.

AUTHORISED (PERSON RESPONSIBLE FOR PAYMENTS OR AUTHORISED TO SIGN ON BEHALF OF ABOVE COMPANY)

SIGNATURE _____ **PRINT NAME** _____

OFFICE USE ONLY

ACCOUNT APPLICATION ACCEPTED/DENIED (delete as appropriate) Monthly/Weekly invoicing/special requirements yes/no

ACCOUNT NUMBER OPENED: _____ SALES CODE: _____ **TERMS ATTACHED? Y/N**