

FREIGHT

CREDIT APPLICATION FORM

Company Details

Company Name _____ Company Address _____ _____ Town _____ Country _____ Postcode _____ Company Website _____	Co Reg No. _____ VAT Number _____ Company Type _____ No. of Years Established _____ Anticipated No. of Single Shipments Per Month _____ Max Credit Required _____ <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 70%;"></td> <td style="text-align: center;">On which route(s)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		On which route(s)		
	On which route(s)				

Contact for payment queries Name _____ Telephone _____ Fax Number _____ E-Mail _____	Contact for contract queries Name _____ Telephone _____ Fax Number _____ E-Mail _____
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Invoice address _____ _____ _____ _____	Statement address _____ _____ _____ _____
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Director/Partner/Proprietor Name _____ Address _____ _____ _____ _____	Director/Partner/Proprietor Name _____ Address _____ _____ _____ _____
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European Associates (if any) _____

Bank Details

Name of Bank _____ Account No. _____ Sort Code _____ IBAN No. _____	Address _____ _____ _____ _____
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Confirmation

In signing this document you confirm that you have read and agreed our Conditions of Carriage and Standard Terms of Credit

Applicant's name _____ Applicant's position _____	Signature _____ Date _____
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Contact Person P&O: