

ACCOUNT APPLICATION FORM

Company Details

Full Company Name _____ Registered Address _____ Town _____ Country _____ Postcode _____ Company Website _____	Co Reg No. _____ VAT Number _____ Company Type <u>Limited Company / Proprietor / Partnership*</u> * I confirm that I am operating as a Non Ltd / Sole Trader / Partnership, and I am completing this declaration in the position of Principal Director, Proprietor or Named Partner. **If a Partnership, all partner names must be given in full. By ticking this box, I give permission for a personal credit check to be completed to confirm my credit status. <input type="checkbox"/> No. of Years Established _____ Anticipated No. of Single Shipments Per Month _____
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Director/Partner/Proprietor/Owner Name _____ Address _____ Telephone _____ Mobile _____	Director/Partner/Proprietor/Owner Name _____ Address _____ Telephone _____ Mobile _____
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Out of Hours Contact Name _____	Telephone _____ Email _____
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Account Type : CREDIT PAY-AS-YOU-GO (Please select preference.)

ADDITIONAL INFORMATION REQUIRED FOR CREDIT ACCOUNT APPLICATION

Company Name:	
Contact for payment queries Name _____ Job Title _____ Telephone _____ Fax Number _____ E-Mail _____	Contact for contract queries Name _____ Job Title _____ Telephone _____ Fax Number _____ E-Mail _____

Invoice email address(es): _____ Type of Invoice: <u>PDF/CSV/XML files - please select as required</u> Invoice Frequency: <u>Per shipment / Daily* / Weekly*</u> * If this frequency is applied then additional accounts will be required if you ship on multiple routes	Statement email address _____ _____
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Name of Bank _____ Account No. _____	Bank Address _____ _____
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I understand that by ticking this box, I am signing this declaration to accept that P & O Ferries will make a search with a credit reference agency, which will keep a record of that search, and may share that information with other business.

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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