



APPLICATION FOR CREDIT FACILITY

Please complete this form in block capitals

Company Name:.....

- PLC Limited Company Sole Trader Partnership Other

Registered Address (if Limited Company) OR Proprietor's Home Address (if not Limited Company)
.....
Post Code:.....
Telephone No:..... Mobile No (optional):.....
Fax No:.....
Company Registration Number:..... Company Reg.Date:.....
If not a Ltd Company, please provide Proprietor's Full Name:.....
Time at this Address:.....years.....months
Previous Post Code:.....(if less than 2 years at present address)

Trading Address: (if different)
.....
Post Code:.....
Contact Name:.....
Telephone No:.....
Fax No:.....

Invoice Address: (if different)
.....
Post Code:.....
Accounts Contact:.....
Telephone No:.....
Fax No:.....

We are now sending all our invoices and statements electronically by e-mail.

Please provide us with an email address you wish these to be sent to.

E-mail Address(s):.....

Please supply two trade references who we may contact:

Company Name:.....
Address:.....
Post Code:.....
Accounts Contact:.....
Telephone No:.....
Fax No:.....

Company Name:.....
Address:.....
Post Code:.....
Accounts Contact:.....
Telephone No:.....
Fax No:.....

OUR PAYMENT TERMS ARE BY NO LATER THAN THE 15TH DAY OF THE MONTH FOLLOWING THE DATE OF THE INVOICE

Our preferred method of payment is by Direct Debit please ask our Sales Representative for a mandate.

Please Note: A charge of £25 will be levied to your account for any direct debit payments that are returned unpaid.

We reserve the right to charge interest on any overdue invoices at a rate of 8% above the Bank of England base rate.

PLEASE NOTE THAT THERE IS A MINIMUM INVOICE CHARGE OF £25.00 PLUS VAT

PLEASE READ THE ATTACHED TERMS AND CONDITIONS OF CARRIAGE VERY CAREFULLY.

Goods are accepted for carriage (and sub-contracted) only subject to the RHA(/Palletrack/APC/Courier Logistics) Conditions of Carriage 2004.

I/we hereby agree to these terms and conditions of carriage.

Customer's Signature:..... Date:.....
Print Name:..... Position:.....

I/we hereby agree to these terms of payment and minimum invoice charge.

Customer Signature:..... Date:.....
Print Name:..... Position:.....

.....
FOR COURIER LOGISTICS OFFICE USE ONLY

Salesperson..... Customer's Expected Monthly Spend.....
Risk Disk Rating..... Account Reference.....
Authorised By:..... Credit Limit..... Date.....
Comments:.....

.....
PLEASE NOTE THAT CREDIT ACCOUNTS WILL LAPSE 3 MONTHS AFTER THE DATE OF THE LAST INVOICE.

Dodds Close
Bradmarsh Business Park
Templeborough
Rotherham
S60 1BX
accounts@courierlogistics.co.uk
Tel No: 01709 369369
Fax No: 01709 389967
www.courierlogistics.co.uk
Courier Logistics Limited
Registered in England 2958861

