



**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 15<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE DATE OF THE INVOICE**

(UNLESS AN ALTERNATIVE IS AGREED WITH OUR SALES REPRESENTATIVE)

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 £30.00 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 (Pallet Track / APC / Courier Logistics) Conditions of Carriage 1998.

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:.....

**INVOICE QUERIES MUST BE RAISED WITHIN TWO WEEKS OF RECEIPT OF INVOICE, ANY QUERIES RAISED AFTER THAT WILL NOT BE ACCEPTED.**

.....  
**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.**

Barbot Hall Industrial Estate  
Mangham Road  
Rotherham  
South Yorkshire  
S62 6EF

sales@courierlogistics.co.uk  
Tel No: 01709 369 369  
Fax No: 01709 389 967  
www.courierlogistics.co.uk  
Courier Logistics Limited  
Registered in England 2958861

