# CREDIT ACCOUNT APPLICATION

This form should be completed and signed by an officer of the company or a partner or the proprietor of a non-limited business. The completion of this form does not confer an automatic right to a credit account and we reserve the right to extend and withdraw credit facilities at our absolute discretion and without notice.

Name of Applicant……………………………………………………………………

**Would you please complete this form and return to fax 0161 338 5264 or e-mail**

[beverley@bayfreight.co.uk](mailto:beverley@bayfreight.co.uk) **– Thanks Bev** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Trading Address: Type of Business:

Post Code:

Telephone: Fax: Accounts Contact:

Accounts contact e-mail address: -

E-mail address for electronic invoicing: -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: PLC / Limited Company / Limited Partnership / Partnership / Sole Trader Length of Trading: /Years

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Company Registration Number: V.A.T Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Holding Company Name / Reg’n No. (if any):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bankers Name & Address:

Sort Code: Account Name: Account Number:

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Anticipated Monthly Purchases: Credit Requested:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade Reference Name 1:

Address:

Post Code: Tel No: Fax: Contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade Reference Name 2:

Address:

Post Code: Tel No: Fax: Contact:

On behalf of the above named applicant I/we request a credit account with your company. I/we confirm that I/we understand your terms of trade, being the **RHA Conditions of Carriage 2009**, and that this company will accept them as the basis of any trade between us copies to follow. Specifically we note credit accounts are due for payment in the month following the date of invoice which are acceptable to us. Special Goods In Transit cover can be arranged subject to negotiation.

Signed: (For and on behalf of) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title or Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_