

CUSTOMER CREDIT APPLICATION FORM

Unit 3, St Gabriels Business Park, St Gabriels Road, Easton, Bristol, BS5 0RT
Telephone Number: 0117 9554455 / Fax Number: 0117 9554499

COMPANY NAME:
.....
..... **POSTCODE:**

TELEPHONE: **FAX:**

COMPANY REGISTRATION:

DATE OF INCORPORATION:

ADDRESS OF REGISTERED OFFICE: **DIRECTORS:**
.....
.....

BANKERS: **BRANCH:**

TRADE REFERENCES

1) **NAME:** **APPROX DATE ACCT OPENED:**/...../20.....

ADDRESS: **MONTHLY SPEND:** £.....

CONTACT NAME:

2) **NAME:** **APPROX DATE ACCT OPENED:**/...../20.....

ADDRESS: **MONTHLY SPEND:** £.....

CONTACT NAME:

All Deliveries & Collections are undertaken subject to Safe Transport (S.W.) Ltd Company Terms & Conditions of Trading

LEVEL OF CREDIT REQUIRED MONTHLY £.....

WE THE ABOVE HEREBY REQUEST SAFE TRANSPORT TO OPEN A CREDIT ACCOUNT AND AGREE TO PAYMENT TERMS OF 30 DAYS FROM THE DATE OF INVOICE.

AUTHORISED SIGNATORY:..... **DATE:**.....

APPROVED BY SAFE TRANSPORT:..... **DATE:**.....