Internal Use	Acc No:
---------------------	---------



CREDIT APPLICATION FORM

Please fill out the application in block capitals

		<u> </u>	
	Limit Required: £	Date of Application: / /	
Terms: 30 days from invoice print date (standard credit terms)			
Business Type (ie sole trader, limited, partnership):			
For sole traders/partnerships/limited partnerships, please provide here FULL names of ALL			
of the proprietors.			
For Limited Companies/PLC – company registration number			
For Companies, NHS Trust/Charities/Government Funded Bodies/Councils			
Full Name And Relevant Department below			
Full Trading Name/Department:			
Name:			
Address:			
		Post Code:	
Tel:	Fax:	Mobile:	
Vat Reg No (if a		15.25.55.55	
Web Address:		Email Address:	
Nature Of Business:		Number of Yrs Established:	
Authorising signature:		Print Name:	
Authorising sign	lature.	Time Name.	
D		Donoutwout	
Position:		Department:	
Full Terms & Conditions attached -			
Summary of payment terms.			
1. Payment must be received within 30 days of invoice print date.			
2. You must notify us of any queries on your invoice within 7 days.			
3. We invoice you twice a month (usually every 15 days).4. If payment is not made within the agreed terms - your account will be put on hold until your account is paid in full.			
4. If payment is not made within the agreed terms - your account will be put on hold until your account is paid in run.			
BY SIGNING THIS AGREEMENT YOU AGREE TO THE TERMS			
Direct Debit and Invoice Payment contact info - if different from above			
Full Name			
Email address			
Contact Tel			

You will receive an email from our Direct Debit processor "Go Cardless" to finalise the sign up process.

FAX BACK TO 0207 254 9599 or email: info@premiercarsandcouriers.com